

847

# THE BOSTON Medical and Surgical JOURNAL

VOLUME 196

MAY 26, 1927

NUMBER 21

## The Massachusetts Medical Society

### THE BOSTON MEETING

THE exercises of the one hundred forty-sixth Anniversary of the Massachusetts Medical Society will be held in Boston, June 6, 7, and 8, 1927. As the seat of three class A medical schools of high standing, Tufts Medical School, the Medical School of Boston University, and Harvard Medical School, Greater Boston with about two million people and its large publicly and privately endowed general and special hospitals, is recognized as one of the medical centers of the world. The spirit and enthusiasm on the part of those in charge of the recent annual meetings at Pittsfield and Springfield have stimulated the Boston men to spare no effort to give the men of this state, and neighboring states, every opportunity which the clinical facilities of a great center can offer.

Keeping abreast with the increasing popularity of practical clinical work, the Council voted a three-day meeting in order that one of the days could be given over entirely to such work; thus obviating the criticism of previous years that insufficient time allotted to clinical work resulted in an indifferent attitude on the part of both the local hospitals and the visiting fellows. The large hospitals through their staffs have responded in an enthusiastic manner to this arrangement and the result has been the most comprehensive and practical clinical program ever offered to the members of the Massachusetts Medical Society. This program is so arranged that groups of fellows interested in different phases of medicine or surgery can select that program best suited to their individual interests and be assured of a practical discussion of the subjects by leaders of the profession. They will be brought abreast of the times in the diagnosis and the treatment of conditions from the thoroughly practical and not the highly theoretical standpoint. This same trend is seen throughout the program of the different sections; common but intensely practical and important problems discussed by men of national repute.

### THE HEADQUARTERS

One of the greatest handicaps confronting the committees in previous years has been the lack

of a satisfactory place of meeting; one with ample facilities to accommodate all who might come, where each speaker could be clearly heard, where the lecture rooms are so closely grouped that one might go from one program to another, and where either one individual or a thousand could be handled with equal efficiency. Such a place is the headquarters for the 1927 meeting. The facilities offered by the newest and most complete of the Statler Hotels are far superior to any which have ever been within the reach of the Massachusetts Medical Society. Aside from its central location, the fascination of a new and modern hotel of 1,300 rooms, and the efficiency characteristic of these hotels, the advantages offered by one floor so arranged as to take care of all meetings, commercial exhibits, and the annual dinner can only be appreciated by personal observation.

### REGISTRATION

It is exceedingly important for each Fellow to register early. The registration desk and bureau of Information will be in the Ball Room Assembly on the Mezzanine floor of the hotel from 8:30 a. m. Monday, June 6, until after the annual dinner June 8. This may be reached directly through the Columbus Avenue entrance and is also readily accessible from the main lobby.

### WHO MAY REGISTER

Every member of the Massachusetts Medical Society who is in good standing and whose dues including those of 1927 are paid is eligible to register. Visiting physicians who are Fellows of the American Medical Association are cordially invited to register upon presentation of their 1927 card of fellowship.

For those members whose 1927 or prior dues are not paid arrangements will be made whereby this can be done at the time of registration.

### HOW TO REGISTER

In order to facilitate registration the method of previous years will be discontinued and a card system substituted. Blank cards will be available at the registration desk and upon presentation, properly filled-out, will entitle each member to a complete program including the



THE MEDICAL CENTER IN THE FENWAY

- |                                    |  |
|------------------------------------|--|
| 1. Palmer Memorial Hospital.       | 8. Peter Bent Brigham Hospital.                |
| 2. New England Deaconess Hospital. | 9. Collis F. Huntington Memorial Hospital.     |
| 3. Nurses' Home.                   | 10. Harvard Dental School.                     |
| 4. House of the Good Samaritan.    | 11. Massachusetts School of Pharmacy.          |
| 5. Children's Hospital.            | 12. Boston Lying-In Hospital.                  |
| 6. School of Public Health.        | 13. New Dormitories of Harvard Medical School. |
| 7. Harvard Medical School.         | 14. Psychopathic Hospital.                     |



- |                                       |                                 |
|---------------------------------------|---------------------------------|
| 1. Massachusetts College of Pharmacy. | 6. Peter Bent Brigham Hospital. |
| 2. Harvard Dental School.             | 7. Children's Hospital.         |
| 3. Boston Floating Hospital.          | 8. Infants' Hospital.           |
| 4. Collis Huntington Hospital.        | (Now School of Public Health.)  |
| 5. Harvard Medical School.            |                                 |



programs of the various hospital clinics; a ticket to the Pops concert for Monday evening, June 6, a ticket for the buffet luncheon on Tuesday, and upon the payment of three dollars, a ticket for the annual dinner.

Visiting physicians from other states may register in the usual way and are cordially invited to join the Fellows of the Society at the Pops Concert on Monday evening and at the buffet luncheon at the Hotel Statler on Tuesday upon payment of one dollar for each ticket. For these men the price of the annual dinner will be four dollars.

#### WIVES OF FELLOWS

A registration and information desk for the wives and families of the Fellows will also be in the Ball Room Assembly. Each member of the family of a Fellow in good standing will be entitled to a ticket to the Pops Concert on Monday evening. These tickets will be given at the time of registration.

#### TRANSPORTATION

In order to aid those Fellows arriving late Monday morning a bus will leave the Columbus Avenue entrance of the Hotel Statler at 9:40 for the Boston City, the Homeopathic, and the Carney Hospitals. At 9:45 a bus will leave this same entrance for the Massachusetts General Hospital, and a third bus for the Boston

Lying-In and Peter Bent Brigham Hospitals. Arrangements will likewise be made for return trips in order to reach the Hotel in time for diagnostic clinics which begin at 2:30.

#### ENTERTAINMENT

The variety of entertainments offered by Boston and surrounding cities has made it seem unwise to attempt to arrange any special form of entertainment for the wives and families of members. This will enable each to spend her time as she desires without feeling that she may be out of step with any pre-arranged plans.

#### POPS CONCERT

Monday evening, June 6, is to be Massachusetts Medical Night at Symphony Hall. This series of spring programs by the Boston Symphony Orchestra is one of the musical treats of the year. Eight hundred reservations have been made for the Fellows, their families, and visiting physicians. Seated in groups of four or six these guests of the Society will be assured of one of the most pleasing evening's entertainment that Boston has to offer. As in past years light refreshments are served and smoking is permitted. Inasmuch as these tickets will be given out only at the time of registration the Fellows are requested not to ask for them except at that time.

#### HOTELS IN BOSTON

|  | <i>Single</i> |               | <i>Double</i> |               |
|--|---------------|---------------|---------------|---------------|
|  | Without bath  | With bath     | Without bath  | With bath     |
| Adams House, 553 Washington Street.....                                | \$2.00-\$3.50 | \$3.50-\$6.00 | \$3.50-\$6.00 | \$6.00-\$8.00 |
| American House, 56 Hanover Street.....                                 | 2.00-2.50     | 3.50-4.00     | 3.50-4.00     | 5.00-6.00     |
| The Argonne Hotel (Stag), 4 Bulfinch Place.....                        | 1.00-1.50     | 2.00          | 2.00-2.50     | 3.00          |
| The Hotel Arlington, 13 Chandler Street.....                           |               | 2.50-3.50     |               | 3.50-6.00     |
| Hotel Avery, 24 Avery Street.....                                      |               | 3.50 and up   |               | 5.00 and up   |
| Beacon Chambers (Stag), 19 Myrtle Street.....                          | 1.00-1.50     | 2.00-2.50     | 2.00          |               |
| Hotel Bellevue, 21 Beacon Street.....                                  | 2.50-3.50     | 4.00-7.00     | 5.00-6.00     | 7.00-12.00    |
| Boston Tavern, 347 Washington Street.....                              | 1.50          | 3.00          | 3.00-3.50     | 4.00          |
| The Braemore, 464 Commonwealth Avenue.....                             |               | 4.00-5.00     |               | 7.00-8.00     |
| Brewster, 19 Boylston Street.....                                      |               | 2.00 and up   |               | 3.50 and up   |
| The Brunswick, Boylston Street and Clarendon Street                    | 2.50-4.00     | 3.50-6.00     | 3.50-5.50     | 5.00-9.00     |
| Hotel Buckminster, 645 Beacon Street.....                              | 2.00-2.50     | 3.00-3.50     | 4.00-5.00     | 5.00-6.00     |
| Hotel Canterbury, 14 Charlesgate West.....                             |               | 4.00          |               | 5.00          |
| The Charlesgate, Charlesgate East, Marlboro and<br>Beacon Streets..... |               | 3.00-3.50     |               | 5.00-6.00     |
| Clarendon, 523 Tremont Street.....                                     | 2.00-2.50     | 2.50-3.50     | 3.50-4.00     | 4.00-5.00     |
| Colonial Hotel, 199 Massachusetts Avenue.....                          | 2.00          | 2.50          | 3.00          | 3.50          |
| The Copley-Plaza, Copley Square.....                                   |               | 4.00-9.00     |               | 7.50-13.00    |
| Copley Square Hotel, 49 Huntington Avenue.....                         | 2.50-3.00     | 3.00-4.00     | 3.50-5.00     | 5.00-8.00     |
| Crawford Chambers, 5 Hanover Street.....                               | 2.00 and up   | 3.00          | 3.00 and up   | 4.00          |
| Commonwealth Hotel, Bowdoin Street.....                                | 2.00-2.50     | 3.00          | 3.50          | 4.50-5.00     |
| Hotel Ericson, 373 Commonwealth Avenue.....                            |               | 3.00-4.00     |               | 4.00-6.00     |
| Hotel Essex, 695 Atlantic Avenue.....                                  | 2.00-2.50     | 3.50-4.00     | 3.50-4.00     | 5.00-6.00     |
| Fensgate Hotel, 534 Beacon Street.....                                 |               | 5.00-6.00     |               | 6.00-10.00    |
| Franklin Square House (for women only), 11 East<br>Newton Street.....  | 1.00-1.50     |               | 2.00-3.50     | 4.00          |
| Fritz-Carlton Hotel, 1138 Boylston Street.....                         | 2.50-3.00     | 3.50          | 3.00-3.50     | 4.00          |



BALL ROOM ASSEMBLY

For exclusive use of members of the Massachusetts Medical Society and their friends. Registration and Information Bureaus will be here.



BALL ROOM AS SEEN FROM THE BALL ROOM ASSEMBLY

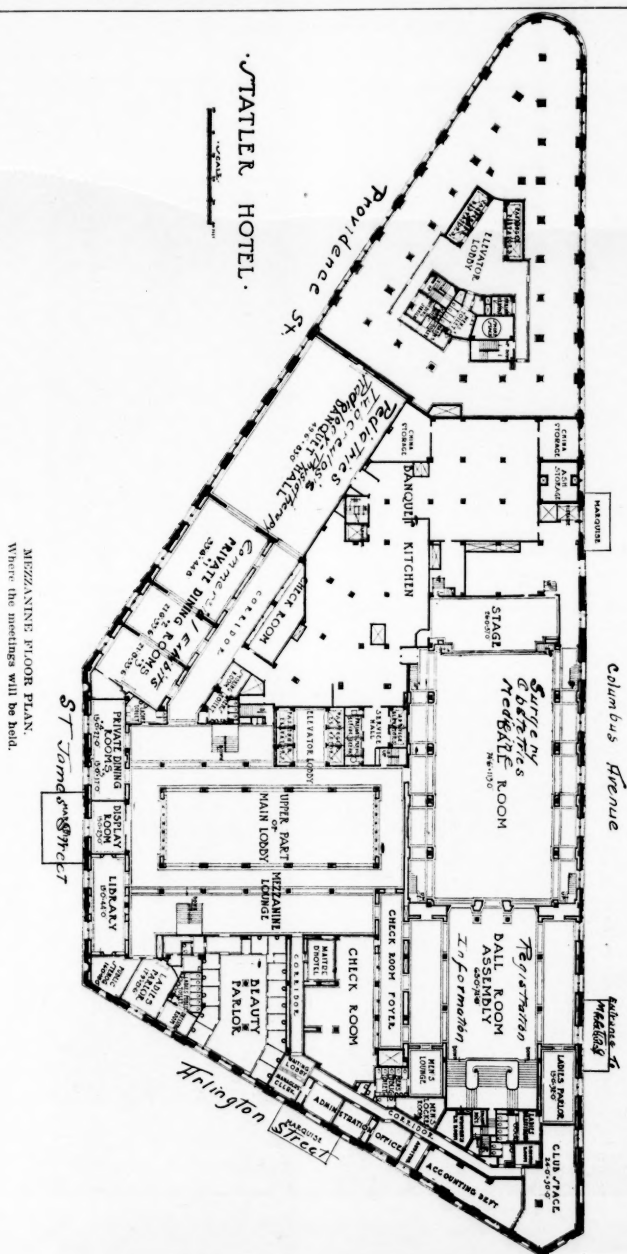
Part of the Section meetings and the Annual Dinner will be held here.

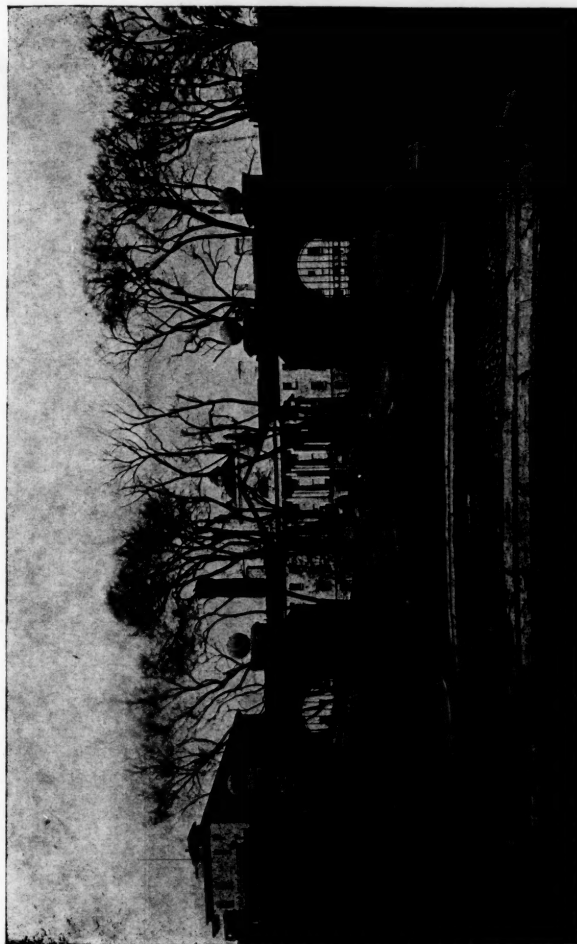
HOTELS IN BOSTON (Concluded)

|   | <i>Single</i> |             | <i>Double</i> |             |
|---|---------------|-------------|---------------|-------------|
|   | Without bath  | With bath   | Without bath  | With bath   |
| Hotel Garrison Hall, 8 Garrison Street.....                               |               | 3.00 and up |               | 5.00 and up |
| The Gralyn, 20 Charlesgate West.....                                      | 2.50          | 4.00        | 4.00          | 6.00        |
| Haymarket, 133 Causeway Street.....                                       | 1.50 and up   | 3.00 and up | 3.00 and up   | 4.00 and up |
| Hemenway, 91 Westland Avenue.....   |               | 3.00- 5.00  |               | 5.00- 6.00  |
| Hotel Huntington, 307 Huntington Avenue.....                              |               | 2.50- 3.00  |               | 4.00- 5.00  |
| Kenmore Hotel, 496 Commonwealth Avenue.....                               |               | 3.50 and up |               | 5.00 and up |
| The Lenox, Exeter and Boylston Streets.....                               | 3.00- 3.50    | 4.00- 6.00  | 4.00- 5.00    | 5.00- 9.00  |
| Lincolnshire, 20 Charles Street.....                                      |               | 4.00- 6.00  |               | 6.00- 7.50  |
| Hotel Lucerne, 66 Causeway Street.....                                    | 1.50- 2.00    | 2.50- 3.00  | 3.50- 4.00    | 4.00- 5.00  |
| Hotel Minerva, 214 Huntington Avenue.....                                 |               | 3.00- 5.00  |               | 4.00- 6.00  |
| New Parker House, Bosworth and Tremont Streets.....                       |               | 3.50        |               | 5.50 and up |
| Hotel Princeton (American and European), 1277<br>Commonwealth Avenue..... |               | 4.00        |               | 6.00        |
| Puritan, 390 Commonwealth Avenue.....                                     | 2.50          | 4.00- 7.00  |               | 6.00- 8.00  |
| Quincy House, 47 Brattle Street.....                                      | 1.50 and up   | 2.50 and up | 2.00 and up   | 4.00 and up |
| Hotel Ritz, 419 Columbus Avenue.....                                      | 1.50- 2.50    | 3.00- 5.00  | 3.00- 4.00    | 4.00- 6.00  |
| The Savoy, 455 Columbus Avenue.....                                       |               | 2.00 and up |               | 2.50 and up |
| The Sheraton, 91 Bay State Road.....                                      |               | 5.00        |               | 6.00- 8.00  |
| Hotel Somerset, 400 Commonwealth Avenue.....                              | 2.50- 4.00    | 3.00- 7.00  | 4.00- 6.00    | 5.00-10.00  |
| Hotel Statler, Park Square.....   |               | 3.50-10.00  |               | 5.50-12.00  |
| Hotel Stuart, 78 Carver Street.....                                       | 2.00- 2.50    | 3.00- 3.50  | 4.00          | 5.00- 6.00  |
| Technology Chambers (Stag), 8 Irvington Street.....                       | 1.50- 2.00    |             | 3.00          |             |
| Hotel Touraine, 62 Boylston Street.....                                   | 4.00- 5.50    | 5.50- 7.50  | 6.00- 7.50    | 8.00-10.50  |
| United States Hotel, 90 Beach Street.....                                 | 2.00- 2.50    | 3.00- 4.00  | 4.00- 4.50    | 4.50- 6.00  |
| The Vendome, Commonwealth Avenue at Dartmouth<br>Street.....              | 3.00- 3.50    | 4.00- 8.00  | 5.00          | 6.00-10.00  |
| The Victoria, Dartmouth Street at Commonwealth<br>Avenue.....             | 3.00          | 4.00        | 5.00          | 6.00        |
| Hotel Washington, 1699 Washington Street.....                             | 1.50          | 2.50        | 3.50          | 3.50        |
| Westminster, Copley Square.....   | 2.50- 3.00    | 3.50- 4.00  | 4.00- 5.00    | 6.00- 7.00  |

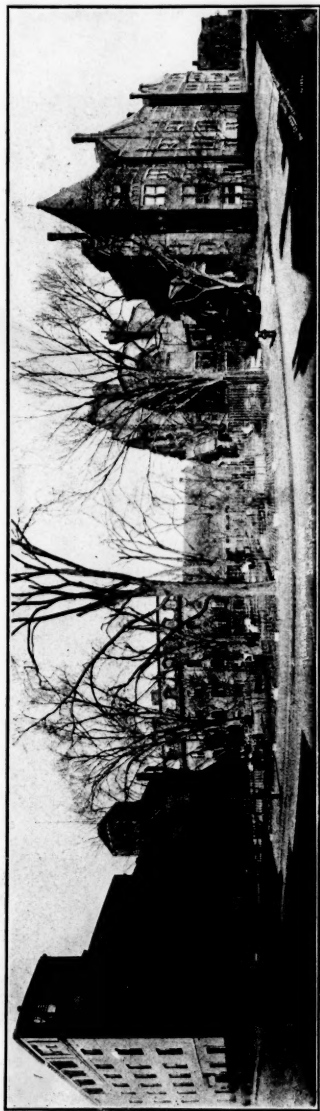


HOTEL STATLER, BOSTON



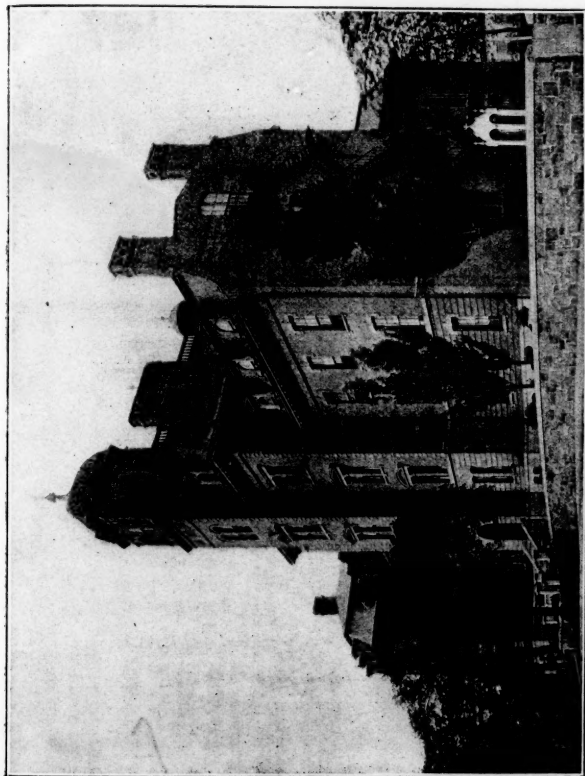


MASSACHUSETTS GENERAL HOSPITAL.  
Buifinch Building as seen through the gates.

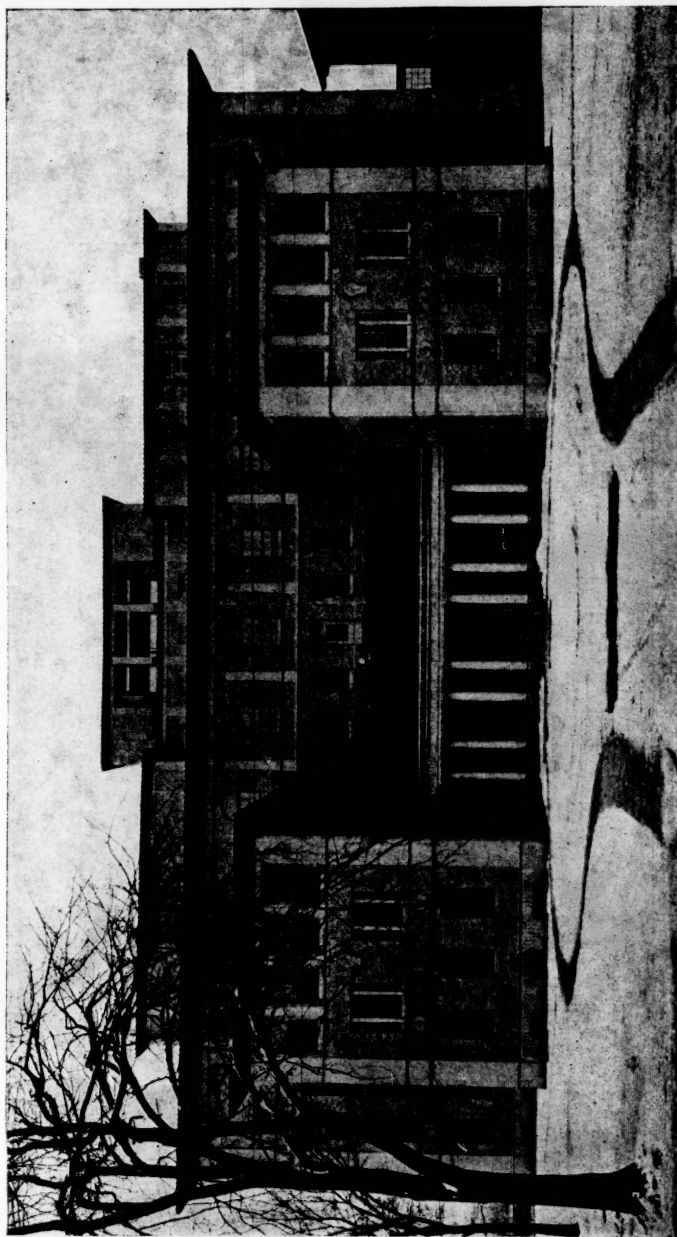


THE MASSACHUSETTS HOMEOPATHIC HOSPITAL





THE CARNEY HOSPITAL.  
Main Building.



THE NEW BOSTON LYING-IN HOSPITAL



NEW OUT-PATIENT BUILDING, BOSTON CITY HOSPITAL

1926-1927

OFFICERS OF THE SOCIETY

|                                    |                |
|------------------------------------|----------------|
| JAMES S. STONE                     | President      |
| 286 Marlborough Street, Boston     |                |
| JOHN M. BIRNIE                     | Vice-President |
| 14 Chestnut Street, Springfield    |                |
| WALTER L. BURRAGE                  | Secretary      |
| 182 Walnut Street, Brookline       |                |
| ARTHUR K. STONE                    | Treasurer      |
| Auburn Street, Framingham Center   |                |
| L. S. MCKITTRICK                   |                |
| Chairman Committee of Arrangements |                |
| 205 Beacon Street, Boston          |                |

THE PROGRAM

MONDAY MORNING, JUNE 6, 10 O'CLOCK

HOSPITAL CLINICS

CARNEY HOSPITAL

- 10:00 A. M.—Operations by Dr. W. Russell MacAusland, Dr. Louis E. Phaneuf, Dr. Fred B. Lund and other members of the staff in the surgical, gynecological and orthopedic operating rooms.
- 11:30 A. M.—Medical Clinic by Dr. John F. Fennessey and Dr. Edward J. Denning. Dr. Denning will speak on Five Years' Clinical Observations on Chinese Immigrants, with Lantern-slide Illustrations.

MASSACHUSETTS GENERAL HOSPITAL, SURGICAL  
AMPHITHEATREClinical Program for Massachusetts Medical  
Society, Monday, June 6, 192710 A. M.—*Fractures.*Dr. Arthur W. Allen: Fascial Sutures in the  
Repair of Fractures.Dr. Philip D. Wilson: Treatment of Os Cal-  
cis Fracture.Dr. G. Adams Leland: Skeletal Traction in  
Fracture Treatment.Dr. Henry C. Marble: Early Mobilization of  
Fractures. Motion Picture Demonstra-  
tion.11 A. M.—*Peptic Ulcer.*Dr. Chester M. Jones: Medical Treatment of  
Ulcer.Dr. Daniel F. Jones: Surgical Treatment of  
Ulcer.12 M.—*Operations or Fracture Visit by Mem-  
bers of Fracture Service.*

Dr. D. F. Jones.

Dr. E. P. Richardson.

Dr. N. Allison.

1 P. M.—*Buffet Luncheon.*

## BOSTON LYING-IN HOSPITAL

- 10:00 A. M. to 12 M.—Dry Clinics. Genito-  
urinary complications of pregnancy, Dr.  
E. G. Crabtree. Cardiac Disease as a com-  
plication of pregnancy, Dr. B. E. Hamilton.  
The Use of Magnesium Sulphate in Obstet-  
rics, Dr. F. C. Irving.

PETER BENT BRIGHAM HOSPITAL—CHILDREN'S  
HOSPITAL—NEW ENGLAND DEACONESS HOS-  
PITAL

Monday, June 6

*Peter Bent Brigham Hospital—Amphitheatre*

- 10-11—Dr. George R. Minot, Dr. William P.  
Murphy: The Treatment of Pernicious  
Anemia by Liver Diet. Demonstration  
of Cases.

*Children's Hospital—Amphitheatre*

11:05 to 12:05

- 11:05-11:25—Surgical—Dr. C. G. Mixer:  
Chronic Pyuria in Children. Demonstra-  
tion of Cases.

- 11:25-11:45—Medical—Dr. Kenneth Blackfan:  
The Significance of Vomiting, Diarrhoea,  
or Failure to Gain as a Presenting Sym-  
ptom in Infants.

Also—Dr. Wilfred McKenzie: The reëstab-  
lishment of Breast Milk.

- 11:45-12:05—Orthopedic—Dr. James Sever:  
Obstetrical Paralysis.

Also—Dr. Frank Ober: Chronic Osteomye-  
litis in Children. With Demonstration of  
Cases.*New England Deaconess Hospital*

- 12:15-1:15—The Treatment of Diabetes Melli-  
tus and Its Complications, Dr. Elliott P.  
Joslin.

Immediately following the Clinic the Fellows  
are invited to a luncheon on roof of The Pal-  
mer Memorial Hospital.

## MASSACHUSETTS HOMOEOPATHIC HOSPITAL

Clinics Offered by the Massachusetts Homoeo-  
pathic Hospital, East Concord Street, Meet-  
ing of the Massachusetts Medical Society,  
June 6, 1927

*General Surgical Clinic—Amphitheatre*

- 10:00 A. M.—Appendicitis, Dr. W. K. S.  
Thomas.

- 10:30 A. M.—Hernia, Dr. Harry J. Lee.

- 11:00 A. M.—Uterine Myoma, Dr. Clarence  
Crane.

- 11:30 A. M.—Cholecystitis, Dr. C. T. Howard.

- 12:00 M.—Carcinoma of Breast, Dr. Thomas E.  
Chandler.

- 12:30 P. M.—Ulcer of Duodenum, Dr. J. Em-  
mons Briggs.

*Orthopedic Clinic—Graton Operating Room*

- 10:00 A. M.—Paralytic Flail Foot, Dr. Louis  
Howard.

- 11:00 A. M.—Sub-Astragaloid Fusion, Hallux  
Valgus, Dr. W. H. Clewley.

- 12:00 M.—Genu Valgum (Osteoclasis), Dr.  
Samuel L. Marnoy.

*Genito-Urinary Clinic—The Wm. E. Nickerson  
Operating Room*

- 10:00 A. M.—Calculus of Kidney, Dr. Ralph C.  
Wiggin.

- 11:00 A. M.—Hypertrophy of Prostate, Dr.  
Samuel N. Vose.

*Nose and Throat—Talbot Operating Room*

- 9:30 to 11:30 A. M.—Operative Cases, Dr. Con-  
rad Smith, Dr. W. W. Walker, Dr. Chas. T.  
Bush, Dr. R. O. Parris.

- 11:30 A. M.—Laryngeal Stenosis (3 cases),  
Bronchoscopy (for Lung Suppuration) 2  
cases, Dr. Leighton F. Johnson.

*Jennie M. Robinson Memorial—Maternity*

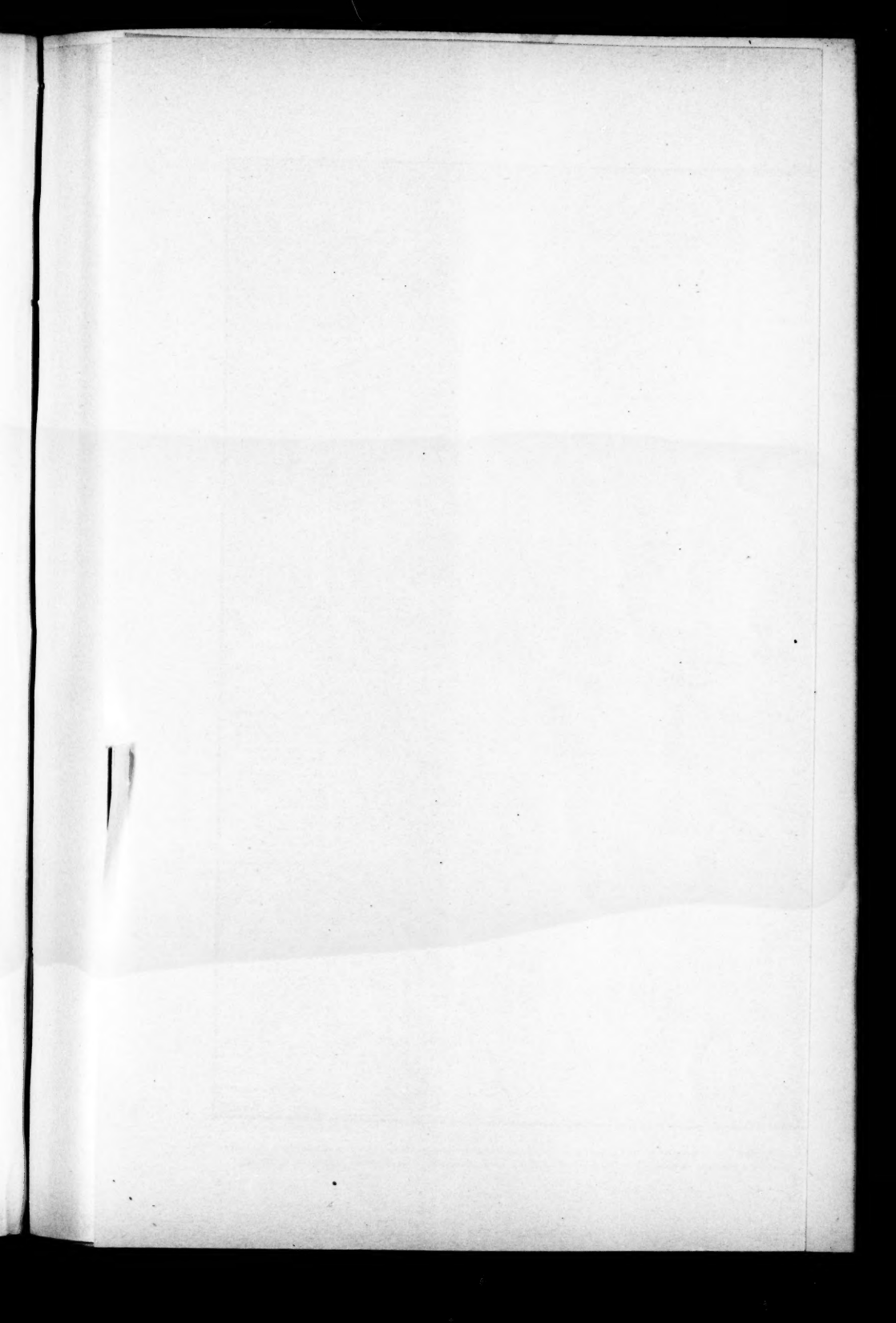
Corner Stoughton Street and Harrison Avenue

- 10 A. M. to 12 M.—Pre-Natal Clinic, Drs. Diehl,  
Dumphrey, Simonds.

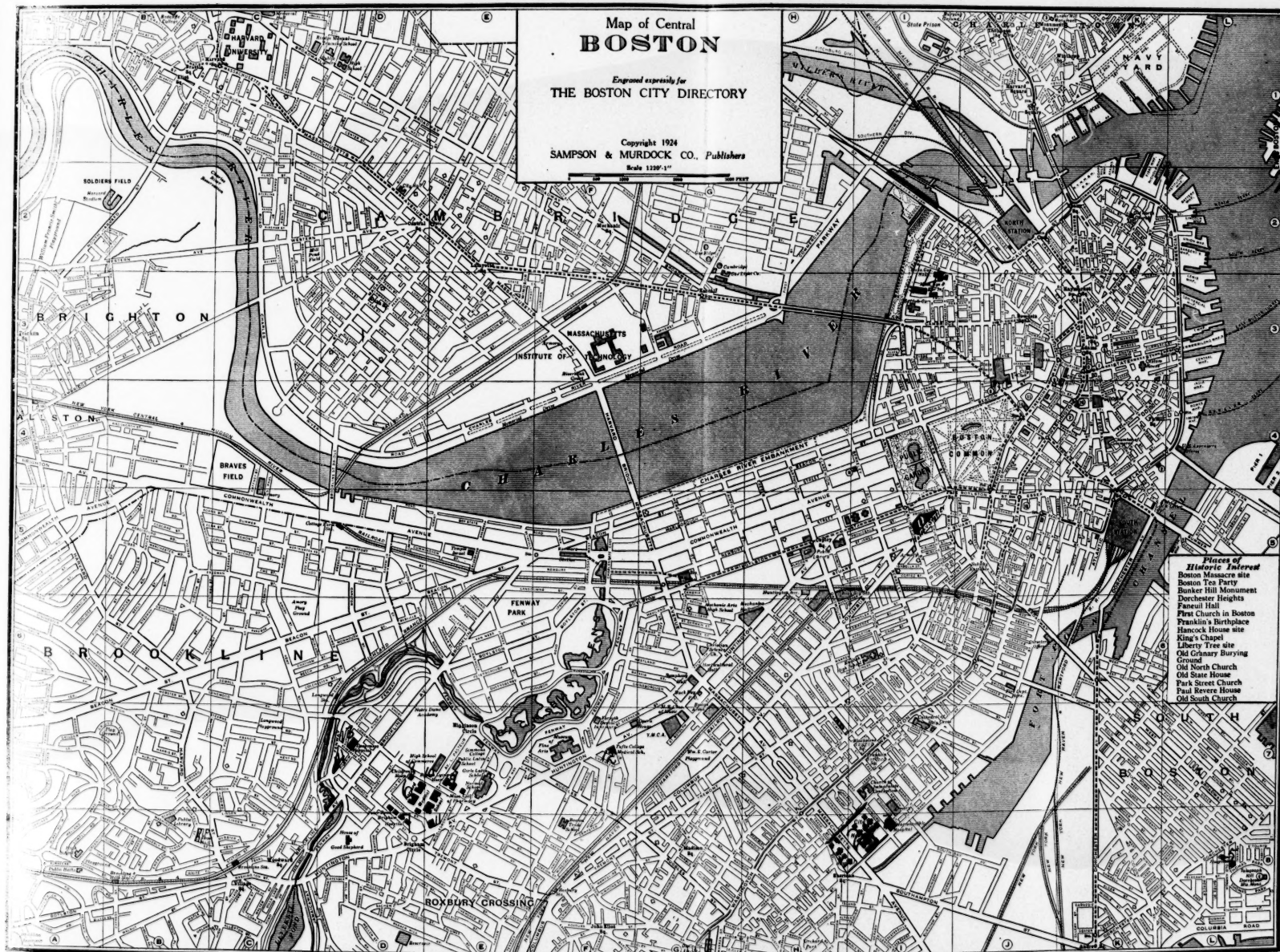
- 10 A. M. to 1 P. M.—Ward Walks and Clini-  
cal Demonstrations, Drs. E. P. Ruggles,  
Ham, Shields, Elliot.

*Robert Dawson Evans Memorial—Department  
of Clinical Research and Preventive Medicine*  
East Concord Street

- 10:00 A. M.—Symposium on Gall Bladder Dis-  
ease, Drs. A. W. Rowe, McClure, Ellsworth,  
Branch.

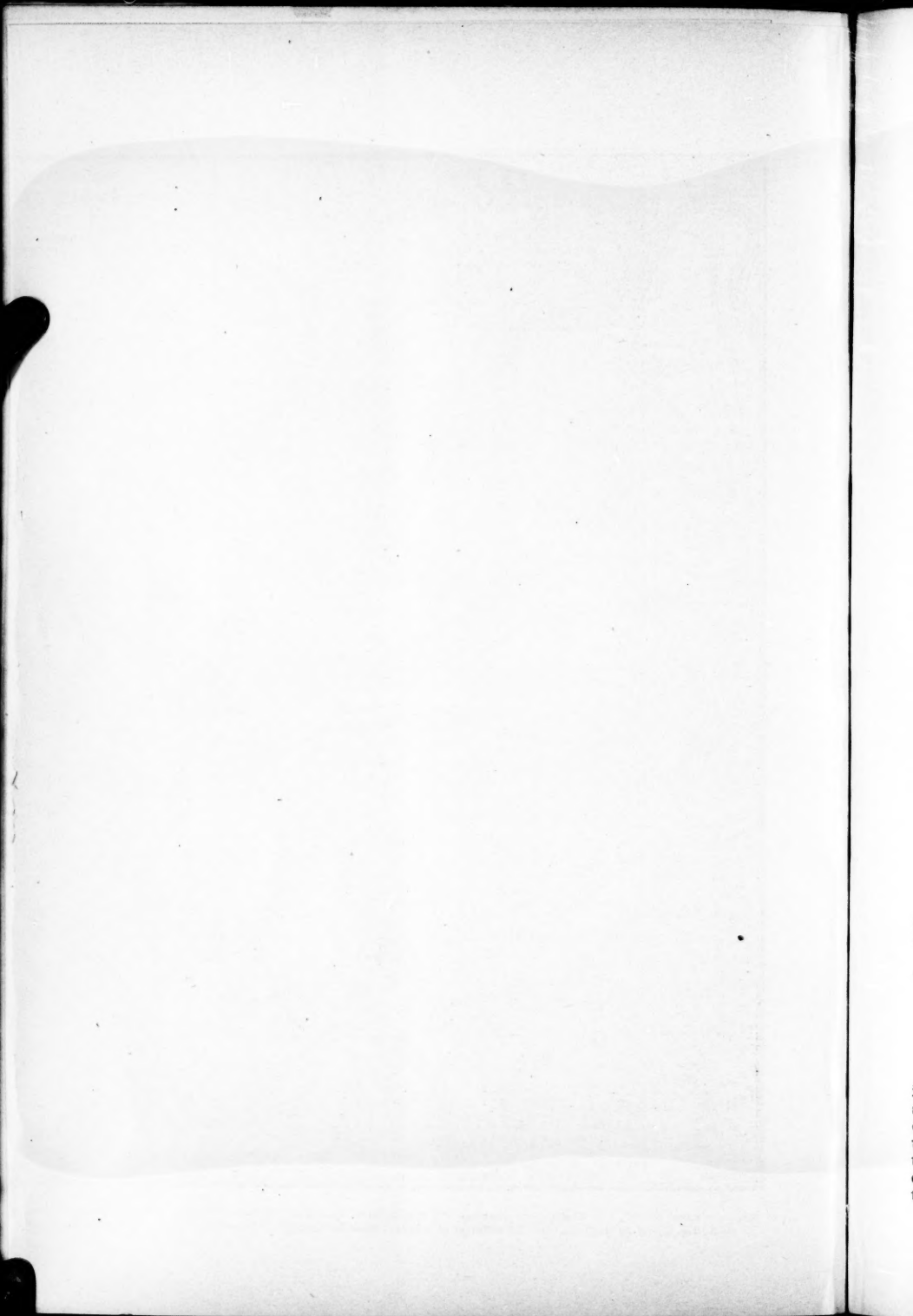






Key: 1—Hotel Statler. 2—Boston City Hospital. 3—Homeopathic Hospital. 4—Massachusetts General Hospital. 5—Carney Hospital. 6—Harvard Medical School. 7—Peter Bent Brigham Hospital. 8—Children's Hospital. 9—Boston Lying-In Hospital. 10—Dormitories of Harvard Medical School. 11—Collis P. Huntington Memorial Hospital. 12—Tufts Medical School. 13—New England Deaconess Hospital. 14—Palmer Memorial Hospital.





12:00 M.—Endocrine Clinic with Demonstrations, Drs. Rowe, Lawrence, Reid, Rowland, C. Smith, Drury, Ellsworth, Ulrich, Garrick.

*John C. Haynes Memorial—Department of Contagious Diseases*

296 Allston Street, Brighton

10:00 A. M.—Clinical Demonstrations of Contagious Diseases, Dr. Conrad Wesselhoeft.

#### BOSTON CITY HOSPITAL

Program of Clinic for the Massachusetts Medical Society at the Boston City Hospital, June 6, 1927, from 10:00 to 1:00, in the Cheever Amphitheatre

Dr. F. J. Cotton: Modern Conceptions of Treatment of Osteomyelitis.

Dr. W. H. Robey: Demonstration of Cases from the Medical Services.

Dr. F. B. Granger: Physiotherapy and Its Application to Infections—Arthritis, Bursitis, Stimulation of Bone Union.

Dr. P. F. Butler: Treatment of Infections by X-ray—(carbuncles, furuncles, etc.)

Dr. R. M. Green: Demonstration of Cases From the Gynaecological and Obstetrical Service.

Dr. M. J. English: New Phases of Infant Feeding.

Routine operations by the five surgical services in their respective rooms.

Ward visits by the four medical services.

The new maternity and the new out-patient department buildings will be open to inspection and doing their daily work.

The Trustees will provide a luncheon for the guests, to be served at 1 P. M. in the library.

MONDAY AFTERNOON, JUNE 6, 2:00 O'CLOCK

#### DIAGNOSTIC CLINICS

Ball Room of Hotel Statler

1.—*Surgery*, Dr. Frank H. Lahey, Boston.

2.—*Pediatrics*, Dr. John Lovett Morse, Boston.

3.—*Medicine*, Dr. Richard C. Cabot, Boston.

A demonstration of heart sounds and heart murmurs in phonographic records.

MONDAY EVENING, JUNE 6, 8:15 O'CLOCK

#### "POPS" CONCERT

The Fellows and their wives and families are invited by the Society to attend a "Massachusetts Medical Society Night" of the popular concert at Symphony Hall, corner of Huntington and Massachusetts Avenues. The tables on the floor will be reserved for the Society. Tickets may be obtained at the Bureau of Information at the Hotel Statler.

TUESDAY MORNING, JUNE 7, 9 O'CLOCK

Ball Room

#### SECTION OF SURGERY

Officers of the Section

Dr. Charles G. Mixer, Boston, Chairman.

Dr. Richard H. Miller, Boston, Secretary.

#### SYMPOSIUM ON THE ACUTE SURGICAL ABDOMEN.

##### 1.—*Acute Surgical Lesions of the Lower Abdomen.*

Dr. Peer P. Johnson, Beverly.

Lesions considered are those which without surgical interference may prove fatal—therefore early recognition is important. Consideration of diagnostic points in:

- (1) Acute appendicitis. (2) Diverticulitis.
- (3) Ectopic gestation. (4) Ovarian cyst with twisted pedicle. (5) Mesenteric thrombosis. (6) Acute perforation of ileal, cecal and sigmoidal ulcerations. (7) Acute peritonitis.

Value of urine and blood examinations. Differentiation from non-surgical lesions. Treatment during observation or when operation is inadvisable. Operative treatment.

##### 2.—*Acute Surgical Lesions of the Upper Abdomen.*

Dr. Edward P. Richardson, Boston.

Acute lesions of the upper abdomen are in general either inflammatory or obstructive in character. In many conditions one can only recognize that an abdominal emergency exists with consequent necessity for exploration. In others we can say with considerable certainty that the cause of the symptoms lies in the upper abdomen, or even in some instances arrive at an accurate diagnosis.

Acute inflammation of the gall bladder and its complications, and perforation of peptic ulcers, are the most usual conditions found. Acute perforation of an ulcer demands immediate operation; here the question is whether or not further measures such as gastroenterostomy are desirable. Acute cholecystitis represents in large part a mechanical condition, and shows a tendency to spontaneous subsidence. Evidence is presented that in certain cases it may be wise to postpone operation until after the acute stage. Other less frequent conditions are discussed with reference to diagnosis and treatment.

##### 3.—*Traumatic Lesions of the Abdomen.*

Dr. Kendall Emerson, Worcester.

Unlike other acute abdominal conditions the

cause of the acute belly is found in the immediate past history of the patient. Transportation accidents on railroads and especially from automobile disasters furnish an increasing number of acute abdominal injuries. The principal interest in these cases lies in the question when to operate. Shock and hemorrhage are the two conditions to be met and frequently both are present. There is danger in operating during shock; greater danger in delaying the control of hemorrhage. The cause of reflex muscle spasm is imperfectly understood. It is a deceptive guide to surgical intervention.

#### 4.—*Intestinal Obstruction.*

Dr. Allen O. Whipple, New York, N. Y.

#### 5.—*Medical Aspects.*

Dr. Reginald Fitz, Boston.

The average medical man carries certain definite surgical responsibilities on his shoulders. The majority of acute surgical illnesses are seen originally by the medical man, therefore his first surgical responsibility is that of a diagnostician. He must recognize the acute surgical abdomen with the same promptness as does the surgeon.

In managing cases suspected of having an acute surgical lesion of the abdomen, the medical man, after having called the surgeon, becomes an important part of the surgical team. He should obtain the case history, make a complete physical examination and institute the necessary laboratory work for the surgeon in order that the surgeon may have these data at his disposal with a minimum wastage of time. The factor of time is of great importance in the successful treatment of these cases, and the surgeon is always compelled to make rapidly most significant decisions in regard to diagnosis and treatment. The medical man's share in the treatment of the acute surgical abdomen is relatively unimportant. Pending the arrival of the surgeon he should do everything possible to keep the patient comfortable, should give him an adequate supply of fluid, and, above all, should avoid doing harm.

#### 6.—*General Résumé.*

Dr. John H. Gibbon, Philadelphia, Pa.

Under the term of "emergency" many of our surgical errors are committed. There are few of these so-called emergencies which justify immediate operation and most of them will permit, with no detriment to the patient, the time necessary for a pre-operative study. Only by mak-

ing a careful study and an approximate diagnosis can error and sometimes disaster be avoided.

TUESDAY MORNING, JUNE 7, 9 O'CLOCK

Georgian Room

#### SECTION OF PEDIATRICS

##### Officers of the Section

Dr. Arthur R. Crandell, Taunton, Chairman.

Dr. J. Herbert Young, Boston, Secretary.

#### 1.—*The Chemistry Findings in Rickets.*

Dr. James L. Gamble, Boston.

Calcium and phosphorus values in blood serum. Significance of the Ca-P "product." Chemical relationship of rickets and tetany. Appraisal of diagnostic dependability of calcium and phosphorus measurements. Brief survey of results of studies in experimental rickets.

#### 2.—*The Prevention and Treatment of Rickets.*

Dr. Edwin T. Wyman, Boston.

The treatment and prevention of rickets by means of sunlight, cod liver oil and artificially produced ultraviolet rays. The treatment of rickets by sunlight through ultraviolet light transmitting windows.

#### 3.—*A Plea for Sanity in the Use of the Modern Methods for the Prevention and Treatment of Rickets.*

Dr. John Lovett Morse, Boston.

Rickets is no more common now than it was thirty years ago. Severe rickets had become much less common before the introduction of cod liver oil and the ultraviolet rays in treatment. There is considerable doubt as to whether much that is now called rickets, really is rickets. Nevertheless, much more is being made of rickets than in the past. Its importance is greatly exaggerated. The Public is being unnecessarily alarmed about it. Is the Public being exploited? Is the general use of cod liver oil as a preventive advisable? Action of cod liver oil and ultraviolet rays in rickets. Irradiated foods. Are there enough ultraviolet rays in sunlight in this region in winter to prevent or benefit rickets? Possible dangers in the exposure of naked babies to direct sunlight in cold weather. If there are not enough ultraviolet rays in sunlight to be effective in the prevention and cure of rickets in the winter, windows made of glass which transmit these rays are of no advantage. Is it justifiable to recommend the use of lamps which give off ultraviolet rays to prevent rickets or for the treatment of "physio-

logic rickets"? If not, the Public is being defrauded for the benefit of instrument makers and physicians. Possible dangers in overexposure to the ultraviolet rays. The fact that ultraviolet rays cure rickets and spasmophilia and help other conditions in which there is a disturbance of the metabolism of calcium does not prove that they are useful in other disturbances of nutrition or that they will prevent their development. Their general use in such conditions, in the present state of our knowledge, is unjustifiable.

Discussion by Dr. Kenneth D. Blackfan, Boston; Dr. Fritz B. Talbot, Boston; Dr. Orville R. Chadwell, Jamaica Plain; Dr. Martin J. English, Boston, and Dr. Edmund B. Fitzgerald, Wollaston.

TUESDAY MORNING, JUNE 7, 11:30 O'CLOCK

Small Room, Mezzanine Floor

ANNUAL MEETING OF THE SUPERVISING CENSORS

TUESDAY NOON

Georgian Room

ANNUAL MEETING OF THE COUNCIL

Programs of the business to be transacted will be sent to Councilors on May 31.

TUESDAY AFTERNOON, 1 O'CLOCK

Ball Room

BUFFET LUNCHEON TO FELLOWS

TUESDAY AFTERNOON, 2:30 O'CLOCK

Ball Room

SECTION OF OBSTETRICS AND GYNECOLOGY

Officers of the Section

Dr. Richard S. Benner, Springfield, Chairman.  
Dr. A. F. G. Edgelow, Springfield, Secretary.

1.—*Cardiac Disease in Its Relation to Pregnancy and Labor.*

Dr. Franklin S. Newell, Boston.

Discussion by Dr. Burton E. Hamilton, Boston.

2.—*A Review of 2000 Patients Recently Registered in the Gynecologic Clinic of the University of Michigan Hospital, With Special Reference to Abnormal Bleeding.*

Dr. Ruben Peterson, Ann Arbor, Michigan.

Discussion by Dr. William P. Graves, Boston.

3.—*Report of Committee on Toxemias of Pregnancy.*

Dr. Foster S. Kellogg, Boston, Chairman.

4.—*The Newer Methods of Investigation and Treatment in Sterility.*

Dr. Samuel R. Meaker, Boston.

TUESDAY AFTERNOON, JUNE 7, 2:30 O'CLOCK

Georgian Room

SECTION OF TUBERCULOSIS

Officers of the Section

Dr. Adam S. MacKnight, Attleborough, Chairman.

Dr. Randall Clifford, Boston, Secretary.

1.—*The Tuberculosis Situation in Massachusetts.*

Dr. Henry D. Chadwick, Westfield State Sanatorium.

Reducing death rate; Number of known cases of Tuberculosis; Available beds in the State for the care of cases of Tuberculosis; Ratio of beds to deaths; Reporting of cases; Juvenile Tuberculosis, its recognition and treatment; Methods for the control of Tuberculosis.

2.—*Treatment of Pulmonary Tuberculosis.*

Dr. Ernest B. Emerson, Rutland State Sanatorium.

Not only an early diagnosis but a knowledge of the extent and character of the involvement and the degree of activity are essential for intelligent treatment. Home conditions, financial status and the intelligence of the patient must be considered. Frequently one of four blanket prescriptions is recommended: Home treatment, change of climate, rest on a farm, or the sanatorium. Each has its place—none will avail without some measure of education regarding the reasons for a mode of living. This is the treatment of tuberculosis. The patient should be so taught that he may carry out intelligently the main idea for an indefinite period. The sanatorium offers this opportunity. The treatment of symptoms, and diet, rest and exercise are all a part of the educational program which is one of the chief functions of the sanatorium.

3.—*Incidentals of Contagious Diseases in Sanatoria.*

Dr. Earle C. Willoughby, North Reading State Sanatorium.

Measles tend to spread rapidly. German measles do not spread rapidly or readily in the same ward, and may not spread at all from one ward to another.

Mumps: Severity of disease at different times of an outbreak. Tendency of disease not to spread rapidly from one ward to another or in same ward. Occurrence of cases after incubation period is over.

Whooping Cough varies in amount in the different sanatoria.

Scarlet Fever: Its presence varies in the sanatoria. Isolated cases appear without others developing. Possible reason for this. No great tendency to spread from one ward to another. Spreads fairly rapidly in same ward where children are under eight or nine years of age. Cases appear in sanatoria without any apparent connection. A possible explanation. Difficulties in the control of an epidemic. Consideration of Dick test.

Chickenpox: Its prevalence in sanatoria.

Diphtheria: Conspicuous by its absence.

Shick Test: Various reactions: Immunization: Reactions after re-Shickling.

Problems of Isolation in General.

#### 4.—Sanatorium Treatment of Extra-Pulmonary Tuberculosis.

Dr. Leon A. Alley, Lakeville State Sanatorium.

General sanatorium treatment is indispensable in all forms of Tuberculosis, regardless of the location of the lesion. Heliotherapy alone is of little value. When combined with rest and proper orthopedic management it is an important phase of the treatment. In the orthopedic cases where arthrodesis is indicated, quicker recoveries with more satisfactory and permanent results are obtained in those patients who have had intensive sanatorium treatment before and after operation.

#### 5.—Concerning the Care and Treatment of Non-tuberculous Patients in a Tuberculosis Sanatorium.

Dr. H. S. Wagner, Barnstable County Sanatorium.

Figures tend to show that the number of tuberculous patients entering the Barnstable County Sanatorium is decreasing. This is consistent with the decrease in the tuberculosis mortality rate for the County. As a result vacant beds become more plentiful. Discussion of the practicability of using the vacancies for non-tuberculous patients.

#### 6.—Pleurisy with Effusion: Treatment and Prognosis.

Dr. Olin S. Pettingill, Essex County Sanatorium.

Introduction. Effusion occurring during a progressive pulmonary tuberculosis—

complication. A. Effect on progress of disease; on opposite lung. B. Treatment aspiration, when and when not to aspirate. C. Prognosis. Effusion occurring as a conspicuous primary symptom of tuberculosis before a pulmonary lesion had been demonstrated. A. Treatment—fluid itself; patient. B. Prognosis. Conclusions.

TUESDAY EVENING, 8 O'CLOCK

Ball Room

#### THE SHATTUCK LECTURE

Dr. Philemon E. Truesdale, Fall River.

Subject: *Group Practice.*

Following the lecture Dr. Timothy Leary, Medical Examiner of Suffolk County, will give a talk entitled:

*Studies from the Practice of a Medical Examiner*

WEDNESDAY MORNING, JUNE 8, 9 O'CLOCK

Ball Room

#### SECTION OF MEDICINE

Officers of the Section

Dr. Ayres P. Merrill, Pittsfield, Chairman.

Dr. Hervey L. Smith, Springfield, Secretary.

#### 1.—What Can Be Learned from Urinary Examination.

Dr. William R. Ohler, Boston.

#### 2.—The Diagnosis of Renal and Ureteral Lesions from the Viewpoint of the Genito-Urinary Surgeon. The paper will be illustrated by lantern slides.

Dr. George Gilbert Smith, Boston.

#### 3.—The Clinical Value of Kidney Functional Tests.

Dr. Henry G. Bugbee, New York, N. Y.

#### 4.—Diuretics, Their Utility and Limitations.

Dr. Henry A. Christian, Boston.

Discussion by Dr. George L. Steele, Springfield, and Dr. George D. Henderson, Holyoke.

WEDNESDAY MORNING, JUNE 8, 9 O'CLOCK

Georgian Room

#### SECTION OF RADIOLOGY AND PHYSIOTHERAPY

Officers of the Section

Dr. Frank B. Granger, Boston, Chairman.

Dr. Frederick W. O'Brien, Boston, Secretary.

1.—*Efficiency and Limitations of Cholecystography.*

Dr. B. R. Kirklin, Mayo Clinic, Rochester, Minn.

Earlier methods of roentgenologic diagnosis of gallbladder disease, as advocated by George and others, were very useful when positive findings were obtained, but negative roentgenologic findings were not so reliable. Since the advent of cholecystography made possible by Graham and his associates in 1924, the roentgenologic diagnosis of cholecystic disease has taken a very important place in our diagnostic armamentarium. A combination of the old method and cholecystography is often necessary to obtain the most accurate results. Cholecystography is not only a valuable diagnostic procedure but is preëminently a test of gallbladder function and has stimulated much thoughtful study of the gall tract. Comparison of results obtained by oral and intravenous administration of dyes. Review of various cholecystographic compounds with discussion of their use. Technic of examination. Interpretation and evaluation of cholecystographic findings. Accuracy of cholecystography. Discussion of methods of computing statistical reports. It is necessary to know definitely upon what basis a statistical review is figured in order intelligently to evaluate the method.

Sources of error.

Limitations: Cholecystography only one of our diagnostic adjuncts and must be supported by the history and clinical findings to confirm or reject a diagnosis of gallbladder disease.

Discussion by Dr. Merrill C. Sosman, Boston, and Dr. Daniel F. Jones, Boston.

2.—*The Treatment of Breast Cancer.*

Dr. Frank E. Adair, Memorial Hospital, New York, N. Y.

Discussion by Dr. James J. Hepburn, Boston, and Dr. Channing C. Simmons, Boston.

3.—*The Hilus of the Lung.*

Dr. W. Walter Wasson, Denver, Colorado.

This paper deals with the hilus of the lung or the structures contained within the hilus. There will first be a discussion of these anatomical structures and their relations especially as found at birth. With this knowledge these structures will then be studied by series of radiographs and necropsies from birth through the early years of life, noting the changes that take place as a result

of the many factors influencing this particular part of the lung. An attempt will be made to correlate these findings and point out characteristics of the diseases which especially influence the root of the lung.

Discussion by Dr. Gerald N. Hoeffel, Boston, and Dr. Martin J. English, Boston.

4.—*Effect of Radiation on Cell Activity.*

Dr. W. T. Bovie, Cambridge.

5.—*Electrothermic Methods in Surgery.*

Dr. William L. Clark, Philadelphia, Pa.

Experience has taught that operative surgery, electrothermic methods, radium and roentgen rays are all factors of such importance that none of them can be eliminated. We hold no brief for any particular method, but experience has demonstrated the extreme importance of electrothermic methods, which, through a misunderstanding of them, have not yet taken their rightful place in surgery. We consider them second to none, and in many emergencies superior to all the others.

Discussion by Dr. Grant E. Ward, Baltimore, Md.

WEDNESDAY AFTERNOON, 12:30 O'CLOCK  
Georgian Room

ANNUAL MEETING OF THE SOCIETY  
*Business of the Annual Meeting*

The following amended clause (c), Section 8, Chapter I, of the By-Laws, that was approved by the Council at its stated meeting on October 6, 1926, will be acted on:

(c) Fellows who have been convicted in a court of law of a crime or misdemeanor involving moral turpitude may be deprived of the privileges of fellowship by the council acting on separate reports of the committee on ethics and discipline and the committee on membership and finance, presented by the latter committee. Before a fellow shall be so recommended for deprivation, he shall have the privilege of a hearing by the joint committee if he desires.

Fellows who have been deprived of the privileges of fellowship, on making application in writing to the council to be restored to said privileges, shall receive the consideration of the council. Such petitions should be addressed to the council and sent to the secretary of the general society.

WEDNESDAY AFTERNOON, 1 O'CLOCK  
Georgian Room

THE ANNUAL DISCOURSE  
Dr. William H. Rose, Worcester.  
Subject: *Industrial Surgery.*



## WEDNESDAY AFTERNOON, 2 O'CLOCK

## Ball Room

## THE ANNUAL DINNER

Fellows desiring to sit together will please send their names in advance to the chairman of the Committee of Arrangements, L. S. McKittrick, 205 Beacon Street, Boston, and the proper reservations will be made.

*Be sure to get your dinner tickets early at the Bureau of Information.*

## LIST OF EXHIBITORS

June, 1927

| Name                    | Space Number |
|-------------------------|--------------|
| J. Emory Clapp          | 1            |
| The E. L. Patch Company | 2            |
| Kalak Water Company     | 3            |
| Wm. R. Warner & Company | 4            |

|  |           |
|--|-----------|
| General X-ray Company                                | 5 and 6   |
| Chas. H. Phillips Chemical Com-<br>pany              | 7         |
| Medical Protective Company                           | 8         |
| The Laboratory Products Com-<br>pany                 | 9         |
| Geo. H. Crosbie—Clarence T. Mac-<br>Donald—Insurance | 9A        |
| E. F. Mahady Company                                 | 10 and 11 |
| Saunders   | 10 and 11 |
| Horlick's Malted Milk Corpora-<br>tion               | 12        |
| Walker Gordon Laboratories                           | 13        |
| E. R. Squibb & Sons                                  | 14        |
| Otis Clapp & Son                                     | 15        |
| The Deshell Laboratories, Inc.                       | 16        |
| Chas. W. Broadbent Company                           | 17        |
| H. G. Fischer Company                                | 17        |
| Hanovia Chemical & Mfg. Com-<br>pany                 | 18        |
| American Optical Company                             | 19 and 20 |

## ORIGINAL ARTICLES

# THE INCREASE OF SURGICAL CONDITIONS AS A CAUSE OF DEATH IN DIABETES (IN COMPARISON WITH THE AUTOPSY STAT- ISTICS PUBLISHED BY NAUNYN IN 1906)

BY HOWARD F. ROOT, M.D., AND SHIELDS WARREN, M.D.\*

STATISTICS as to the cause of death in chronic disease are so often given without autopsy findings that it seems desirable to make the following report of cases where the cause of death was determined by post-mortem examination.

The autopsy statistics from the diabetic clinic of the New England Deaconess Hospital show in recent years a marked preponderance of surgical conditions as a cause of death. This comparison is summarized in the following table.

deaths were due to coma and one to tuberculosis. The average age at death in Naunyn's series was 40 years and the average duration of diabetes was 3.1 years. In our series reported in 1925<sup>2</sup> the average age at death was 47 years and the duration 9 years. This difference in age was almost exactly the difference in the duration of the disease, indicating the striking improvement both in the general level of education of the population and in medical treat-

TABLE 1  
RELATION OF SURGICAL DISEASES TO CAUSES OF DEATH, AS PROVED BY AUTOPSY

| Author                       | Date      | Num-<br>ber<br>of<br>cases | Aver-<br>age<br>age at<br>death | Aver-<br>age<br>duration<br>in years | Death due to<br>surgical conditions |             |
|------------------------------|-----------|----------------------------|---------------------------------|--------------------------------------|-------------------------------------|-------------|
|                              |           |                            |                                 |                                      | Num-<br>ber                         | Per<br>cent |
| Naunyn <sup>1</sup>          | 1906      | 49                         | 40                              | 3.1*                                 | 6                                   | 12          |
| Warren and Root <sup>2</sup> | 1920-1925 | 26                         | 47                              | 9.0                                  | 14                                  | 54          |
| Root and Warren              | 1925-1926 | 21                         | 59                              | 4.5                                  | 15                                  | 71          |

\*Duration given for only 37 cases.

So striking a change in the reports of 1926 as compared with 1906 needs some explanation. In Naunyn's<sup>1</sup> series fourteen deaths were due to coma and thirteen to pulmonary tuberculosis, whereas in the Deaconess Hospital series three

\*From the Diabetic Clinic of the New England Deaconess Hospital and the Department of Pathology of the Harvard Medical School.

ment, but it is evident that the virtual elimination of coma and the prevention of tuberculosis play a considerable part. The shorter duration of the disease in our second series may be partly explained by the shorter expectation of life at these greater ages, but is due in part to the higher proportion of deaths from surgical

conditions as compared with our first series. The character of the surgical diseases is instructive as shown in Table 2. If the three

TABLE 2  
FATAL SURGICAL CONDITIONS

| Cause of death        | Root and Naunyn Warren |           |
|-----------------------|------------------------|-----------|
|                       | 1906                   | 1920-1926 |
| Gangrene              | 1                      | 11        |
| Carbuncle             |                        | 4         |
| Abscesses:            |                        |           |
| Renal and perinephric | 2                      | 3         |
| Lungs                 | 2                      |           |
| Liver                 |                        | 1         |
| Multiple              |                        | 1         |
| Appendix              |                        | 2         |
| Carcinoma:            |                        |           |
| Stomach               | 1                      |           |
| Pancreas              |                        | 2         |
| Intestines            |                        | 1         |
| Miscellaneous:        |                        |           |
| Duodenal ulcer        |                        | 1         |
| Hyperthyroidism       |                        | 1         |
| Acute pancreatitis    |                        | 1         |
| Infected wound of leg |                        | 1         |

cases of malignant disease and the two cases of duodenal ulcer and hyperthyroidism are omit-

ted, twenty-four cases with infection as an etiological factor remain. Septicemia as indicated by positive blood culture was present in twelve instances as follows:

|                       |   |
|-----------------------|---|
| Gangrene              | 6 |
| Perinephric abscess   | 2 |
| Carbuncles            | 2 |
| Infected wound of leg | 1 |

In two more cases death was probably due to septicemia although positive blood cultures were not obtained. The deaths from septicemia together with the deaths from appendicitis must be charged to delay in diagnosis or in treatment or both.

The treatment of diabetes affords an excellent opportunity for the demonstration of the effectiveness of preventive medicine. The present series indicating the marked preponderance of surgical causes of death points to the necessity of demonstrating to the general public as well as to the medical profession that at present the diabetic's greatest enemy is surgical disease and that in a majority of cases early vigorous preventive and remedial measures would have prevented deaths from these causes.

## REFERENCES

- 1 Naunyn: *Der Diabetes Mellitus*. Wien, 1906, p. 478.
- 2 Warren, S., and Root, H. F.: *Am. Jour. Path.*, 1925, I, 415.

## MEDICAL INCUNABULA IN THE WILLIAM NORTON BULLARD COLLECTION\*

BY JAMES F. BALLARD

DR. WILLIAM NORTON BULLARD, senior Vice-President of the Boston Medical Library, has loaned to the Library his very valuable and remarkable collection of incunabula, many of which are not contained in public or private collections in America. This collection of one hundred and twelve volumes added to those already in the Boston Medical Library totals over one hundred and fifty volumes, making it the third largest collection of medical incunabula in the United States, exceeded only by the Army Medical Library and the College of Physicians of Philadelphia.

It is hoped that other members of the Library or other persons owning medical incunabula will deposit them in the safe-keeping of the Library, where they will increase the value of the Boston collection.

The works contained in the collection have been selected carefully, with a definite end in view, with the result that the collection is much more valuable than if the volumes had been bought at random as opportunity offered.

The classical authors and the works considered essential in the history of the early printed medical book are well represented. For years, the Library and Dr. Bullard have purchased incunabula with a sort of mutual understanding

and, consequently, when the two collections are brought together there is little duplication and the combined collection, while numbering only about one hundred and fifty volumes, is remarkable for its general excellence, and its many very important books and rarities.

Previous to the invention of printing, and its development as a commercial art, books were entirely in manuscript except for the Chinese block books and the few block books which were printed in Europe during the first part of the 15th century. The Chinese had block books at least 500 years before their appearance in Europe.

Printing from movable type of plastic material was done in China towards the close of the 10th or early in the 11th century. This soft type was soon followed by porcelain type. At one time 250,000 copper type were engraved for printing government publications. They were later melted and used as "cash." There is a record, in Corea, of books being printed from movable type as early as 1317 A.D.

To the scriptoria of the monasteries is due the credit of perpetuating the fragments of classical literature which had escaped the general devastation of Italy. For a period of more than six centuries, the safety of the literature of Europe depended upon the scribes of a few

\*Read before the Boston Medical History Club, April 29, 1927.

dozen scattered monasteries. The manuscript period of book production can be said to have started with the foundation of the monasteries in 550 A.D.

In the beginnings of the monastic activity a manuscript of a classical author or a scriptural text was a rare, precious thing to be carefully guarded. As years went by and copies multiplied and collections of manuscript books were formed, there was fostered a demand for books until in the last part of the twelfth century we find the medieval universities of Paris and Bologna engaged in an organized book business. During the years of the fifteenth century just preceding the invention of printing by cast, movable type, the manuscript trade of Venice, Florence and Paris, outside of universities, had developed into a flourishing business and a considerable demand for certain classes of literature had developed among the people. Manuscripts were being produced in constantly increasing quantities and at steadily decreasing costs.

The owners of fine manuscript books regarded the art of printing with disapproval at the outset. It was natural for collectors, who had brought together large collections of valuable manuscripts, to dread the effect upon them of the multiplication of comparatively inexpensive copies of their texts. Consequently the production of manuscripts continued for a number of years after the appearance of the first printed book. It has been estimated that a manuscript would cost at least seventy five per cent more to produce than one of the early printed volumes.

When the printing press arrived, it found already in existence a wide spread literary interest and a somewhat popular demand for books; and it so decreased the cost of production that this demand was enormously increased.

The books first produced after 1450 were Latin versions of the Bible, certain writings of Cicero, and other Latin authors and a few other works which were, with hardly an exception, the work of writers who had been dead for many generations. The first known bit of medical printing is the famous Mainz Kalendar for 1457. Only the upper half of this unique item is in existence and it is more a "purgation" than a "bleeding" calendar. Popular broadsides were issued dealing with business, religion, health and disease. Those relating to health dealt chiefly with bleeding, purging, and the pest. Forty-six bleeding and purgation calendars were printed before 1481; one hundred of those before 1501 have been collected by Haebler<sup>1</sup> and they have been carefully studied by Sudhoff<sup>2</sup>. "Pestblätter" to the number of forty-one are noted by Heitz<sup>3</sup>. The first books of medical interest were not distinctly medical treatises but books containing matter of medical character. Giammetto Ferarri da Grado<sup>4</sup>, Professor of Medicine at Pavia from 1432-72, had a library of 89 manu-

script volumes. It is one of the largest fifteenth century collections of medical books known. Twenty-five were not medical; of the remaining sixty-four, nearly one half were translations or commentaries of Arabic works; eleven were works of, or commentaries on, Galen or Aristotle. Hippocrates is represented by only one work. An edition of the works of De Gradibus was printed in 1473 and the Paris 1497 printing is in the Bullard collection.

Pollard characterizes the books printed before 1481 as the real incunables because they are the books which men thought the best worth while to spend their money on multiplying when printing became available. The great majority of them represent works students already knew by use or hearsay, but which had been difficult or costly to obtain in manuscript form. The number of original writings was comparatively small. Printing spread so rapidly that before the close of 1480 it had been introduced into 111 places, with some 350 printers to do the work.

Sir William Osler<sup>5</sup> collected information of 217 editions of medical works before 1481, representing about 70 authors, of which 6 were classical, 8 Arabian, 23 medieval, and 33 contemporary. The bibliographical list is by V. Scholderer of the British Museum. The essay of Osler, preceding the list of books should be read by all having an interest in the classics of medicine. The question of the first printed book is unsettled and will remain so until all the undated incunabula have been collated, types, initials and watermarks compared, and the works examined for internal evidence of a biographical and historical character. The date of 1467 has been assigned to Gerson's three tracts on Self Abuse printed by Ulrich Zell at Cologne. New information is constantly being brought to light and we know now that the pest tract of Roland Cappelluti once thought to be of 1468 is of a later date in the century, and a comparison of types shows that the *Aggregator* of Jacobus de Dondis printed by the "R" printer is not of about 1470, but is printed with a later type from this same press.

Number one in the Osler-Scholderer list is the "Opus Universum" of Rabanus Maurus, 776-856, printed at Strassburg before July 20, 1467, by the famous "R" printer, now generally conceded to be Adolf Ruseh, who also printed the "Aggregator" of Jacobus de Dondis. The bizarre "R" interpolated in his work is a monogram of the initials of his name. A copy of the Opus is known bearing the rubricator's date of July 20, 1467. The Opus universum is not a work devoted exclusively to medicine but contains a chapter entitled "De medicina et morbis. . . ." The Bullard collection contains a remarkable copy of this book, as fresh today as when it was printed 460 years ago. Trithemius<sup>6</sup> Abbot of Sponheim, says, "A work written on parchment could be preserved

angustiam intelligenciam legis acceperat & p angustiam voluntatem p dicationis omnia ifurmiter p dicatione. si autem terrena sapienter ac diligenter respiciamus spiritualiter ac multi ce intelligenda sūt. Item alio modo ch ory cō cordia est caritatis. vbi & supra. laudate eū in timpano & choro: & in aliā partem. vt in hieremia. veritas est in luctu chorus noster: & alibi & organum meum in vocem flentū Cymbalum acitabula quedā sūt que p cussa inuicem se tangunt. & faciunt sonum. dicta autem cymbala quia cum ballemacia sūt p cutionē cū enī greci dicūt cū bala ballemacia de q̄ i psalmo scriptū est. laudate eū i cymba lis bene sonantibus. Cymbala bene sonancia labia nostra debemus accipere. que non i me merito inter musica instrumenta posita sūt. quia & similitudo quedā est cymbalorū. & per ea voces humane armoniam reddere su ausissimū comprobantur. Armonia est enim diuersarū rerum i vnam connēctiā redacta copulatio. qd̄ & i voce humana cōstat accidere. quando & tempora ipsa & sillabe in vnam vocis concordia perducūt. sistrū ab inuentrice vocatum: ysis enim regina ē yp ciorum id genus inuenisse probatur. Ioue. nalis ysis & irato ferat mea lumina sistro. inde & hoc mulieres percucunt eo quod in uentrix huius generis mulier fuit. vnde & apud amazones sistro ad bellum feminarum exercitus vocabatur. Tintinnabulū de sono vocis nomen habet. sicut & plausus manū. stridor valuarū. Symphona vulgo appellat lignum caui ex verag parte pelle extenta quā virgulus hinc & inde musci feriant. fit q̄ i ea ex concordia grauis & acuti suauissimus cantus.

De medicina.

v.

Edicina est que corporis vel tuetur. vel restaurat salutem. cuius materia versatur in morbis vel vulneribus. Ad hanc itaq̄ pertinet non ea tantū que ars eorum exhibet. qui proprie medici nominantur: sed etiam cibis & potus tegmen & tegumen idēfendo cōtū omnis atq̄ muniō q̄ sanum corp⁹ aduersus externos ictus. calq̄ seruatur. Nomen autē medicine a modo id ē temperamento ipolitū estimatur. Nam i ea multū contristatur natura mediocriter autē gaudet: vnde & qui pigmenta & antidota satis vel assidue biberint vexantur. Immoderatio enim omnis non salutem sed periculum affert. Medicine autē artis auctor ac rector apud grecos perhibetur apollo: hanc filius eius asclepius laude vel opere amplius. p̄ postq̄ saluum i actu asclepius interit. iter

dicta fertur medendi cura. & ars simul cum auctore deficit. latuitq̄ per annos pene quī gentos vsq̄ ad tempus artaxerxis regis per sarum. tunc eam reuocauit in lucem ypo cras a sclepio patre geit⁹ i insula choo. Sanitas est integritas corporis & temperācia. ex calido & humido quod est sanguis. vnde & sanitas dicta est quasi sanguinis status: mox bi generali vocabulo omnes passiones corporis continentur: quod inde veteres n orbum nominauerūt vt ipsa appellacōe mortis vim que ex eo nascitur demonstraret. Inter sanitatem autem & morbum mediū est curacō: que nisi morbo congruat non perducit ad sanitatem. Morbi omnes ex quatuor nascūtur humoribus id est ex sanguine & felle melan colia & flegmate. ex ipsis enim reguntur sani ex ipsis leduntur infirmi. Dum enim amplius extra cursū nature creuerūt. egritudines faciūt: sicut autē quatuor sūt elementa. sic & iiii. humores. & vnusquisq̄ humor suum elementum imitatur: sanguis aerem. colera ignem: melanco: in terra: flegma aquā & sunt quatuor humores sicut elementa que conseruāt corpora nostra. Sanguis ex greca etimologia vocabulum sūpsit quod veget. & sustentet & viuat. Colera greci vocauerunt q̄ vnus diei spacio terminetur. vñ & colera id est fellicula nominata est. hoc ē fellis effusio. greci enim fel colen dūcunt. melancolia dicta eo quod sit ex nigri sanguinis fece admixta habundācia fellis. greci enim melan nigrum vocāt fel autem colen appellant. sanguis latine vocatus quod suauis sit: vnde & homines quibus domatur sanguis dulces & blandi sūt: flegma autem dixerūt quod sit frigidum. greci enim rigorem flegmonem appellant: ex his quatuor humoribus vt diximus reguntur sani ex ipsis ledūtur infirmi. Dum enim amplius extra cursū nature creuerūt. egritudines faciūt. ex sanguine autem & felle acute passiones nascuntur q̄s greci oxea vocāt. flegmate vero & melancolia veteres causē pcedūt. quas greci cronica dicūt. Oxea est acutus morbo qui aut cito transit aut celerius iterficiat: vt pleureis frenetis: axi enim acutū apd grecos & velocem significat. Cronica est prolixus corporis morbus qui multis temporibus remouatur vt podagra tisis: cronon apud grecos tempus dicitur. Quedam passiones ex propriis causis nominā acceperūt. febris a feruore dicta. ē enim abundācia caloris: frenetis appellata i ne ab impedimento mētis. quia greci mētē frenas vocant. seu quod dentibus infrendē Medicinē curacio spernenda nō est quia &

for a thousand years while it is probable that no volume printed on paper will last more than two centuries." Fortunately he was wrong in his statement. The Rabanus Maurus and the Golden Harp of Nider, as well as many other works in the combined collections are as fresh today as they were the day they were pulled off the press. The second book in the Osler list is the "Speculum vitæ humanæ" of Rodericus Zamorensis, represented in the Bullard collection by the Basel 1475 edition. The section on medicine in this work is of little importance.

The medieval student's greatest need was a dictionary of new words which were pouring in from the Arabic, Syriac, Hebrew, etc. The medical student had to know about the new drugs and therefore it is not surprising to find among the first books printed many of the dictionary class. They may be divided into three groups: the general works, containing medical sections or medical words, such as the *Vocabularis rerum*, the *Etymologia* of Isidorus and the *Opus universo*, of Rabanus Maurus; the *Synonyma* or dictionary proper, such as the *Synonyma medicinarum* of Simon Januensis and the *Pandects*, *Aggregators* and *Antidotaria*, which are primarily of drugs and treatment. In the first class, the two most popular books were the *Vocabularis rerum* and the *Etymologia* of Isidorus. The *Vocabularis*, misascribed to Brack, is a Latin-German dictionary containing four sections devoted to medicine. The first section consists of a list in which the parts of the body are defined in order; the second contains all the terms relating to bathing, cupping and bleeding; the third part consists of a list of general medical definitions; and the fourth consists of seven and a half folios of definitions of diseases. The Bullard copy is the Strassburg 1486 edition.

The *Etymologia* of Isidore of Seville is a sort of lexicon covering all kinds of knowledge and contains two sections on medicine, book four on medicine, and book eleven on the parts of man. Isidorus, 570-636, was a great ecclesiastic and the most learned man of his time.

In the second class, the *Synonyma medicinarum* of Simon Januensis, physician, sub-deacon and capellanus to Pope Nicholas IV is worthy of extended mention. He labored thirty years on his work and travelled far in search of knowledge. The authorities quoted by him show the working library of a physician at the beginning of the 13th century; Dioscorides, Galen, Alexander, Democritus (the teacher of Hippocrates), Demosthenes of Marseille (a famous ophthalmic surgeon), Oribasius, Eustathius, Paulus, Moschion, Pliny, Cassius Felix, Celsus, and Rhazes, Avicenna, Serapion, Albucasis, and Isaac. Nowhere is Hippocrates directly quoted. The Bullard copy is the Venice 1486 edition.

Other dictionaries represented in the collection are, Tortellius, *Orthographia*, Vincenza, 1479; the *Etymologicum*, Venice, 1499 (the first

Greek dictionary) and the 1497 edition of the *Lexicon Graeco-Latinum* of Crastonus.

The Aggregator of Jacobus de Dondis printed at Strassburg sometime between 1470 and 1480 by the famous "R" printer is the first medical dictionary of treatment deserving the name. According to Osler, although the first of its kind, it is also the best, surpassing the hundreds of books of the same character printed during the past 450 years. The author, a noted mathematician and a famed horologist was born in 1298 and died in 1359. His principal authorities were Serapion, Dioscorides, Galen and Pliny.

The work is divided into ten divisions as follows: 1. Long lists of medicines classified according to their primary qualities, hot or cold, moist or dry, etc. 2. Classifications of drugs according to their actions. 3. The largest section, dealing in order with all diseases from the head to the foot. 4. General disorders and humours. 5. Fevers. 6. Personal hygiene, cosmetics, love philtres, etc. 7. Surgery. 8. Poisons. 9. Veterinary medicine. 10. Medicines grouped under their classes.

The Strassburg "Aggregator" is one of the rarest early incunabula. The copy in the Boston Medical Library was given to the Library some years ago by Dr. Francis H. Williams, who acquired it in Germany during his student days. The only other copies listed in the U. S. Census are in the Army Medical Library and the College of Physicians of Philadelphia.

In this group there is another work corresponding to our modern conception of an encyclopedic medical dictionary, the *Liber Pandectarum Medicinarum* of Mathaeus Sylvaticus. One will find here columns of names long forgotten. Of 150 words under the letter Z not over half a dozen have survived in a modern medical dictionary. The Bullard copy is the Vicenza, 1480 edition of Lichtenstein.

It is a general universal dictionary of the whole science of medicine containing many thousands of words, chiefly names of drugs in alphabetical order. First is given the Arabic word, then the Greek and Latin equivalents, then a description, then the uses as given by Serapion, Dioscorides, Galen, Avicenna, Mesue and others. The most important drugs are treated rather fully. Opium has four pages, aloes is given extensive treatment. Freind said that another dictionary was needed to make it intelligible. It was popular, as six editions were printed to the end of 1480.

For the purpose of description it will be necessary to adopt some method of classification and use will be made of a simple division into historical periods followed by a section devoted to special works; first taking up the classical authors, then, in order, the Arabians, the medieval writers and the contemporary 15th century authors.

Hippocrates and Galen are represented only



by the commentaries of Ugo Senensis published respectively at Ferrara in 1493 and Venice in 1498, and the Aphorisms, Prognostics, Epidemics, and Regimen of Hippocrates contained in the Articella of Venice 1491. Printing of both Galen and Hippocrates was neglected in the 15th century. There is no edition of the collected works of Hippocrates, only a few isolated tracts, "Tractatus de natura hominis. . .", De insomniis . . ., Sententia cum Galeni commentis; Aphorismi; Prognostics and De insania Democriti, having reached the printer. There is a 1480 Opera of Galen which is very desirable.

Of the classical authors, Pliny, the elder, heads the list with his great "Historia naturalis," the first printed treatise to include medicine as a definite part of the work. Chapters 20-32 deal exclusively with medicine and form a considerable portion of the whole book. The Natural History is an encyclopedia of the science of the time. It contains the first description of many things. The botanical errors of Pliny remained unchanged until the time of Leoniceus, 1492. The Boston Medical Library has the Venice, 1483 edition; the binding of polished calf is by Maltby of Oxford.

Here may be mentioned also Barbarus, "Castigationes Plinae" and the Colenciis "Plinii defensio" both in the Bullard collection.

The philosophers are well represented in the Bullard collection. Aristotle, 384-322 B. C., pupil of Plato, taught anatomy by the dissection of animals and gave to biology and medicine the beginnings of botany, zoology, comparative anatomy, embryology, teratology and physiology. One of his most important works is his treatise on animals, the "De natura animalium," of which we have the Venice 1492 and 1498 editions; the 1492 having a fine illuminated title page.

Of commentaries on Aristotle and works on his philosophy we have Albertus de Saxonia, 1497; Thomas of Aquinas, 1500; Averroes, 1483; Gandavo, 1497, Lincoln, 1500; Paulus Venetus 1486 and 1498 and Thienius 1498, all printed at Venice.

Dioscorides, 40-90 A.D. a Greek army surgeon was the originator of materia medica. In his "De materia medica" he describes about 600 plants, over a hundred more than Theophrastus. His descriptions were followed for over sixteen centuries. The Bullard copy is the beautiful Greek text of Aldus printed at Venice in 1499.

The "De re medicina" of Celsus, B.C. 25 to 50 A. D. was one of the first medical books to be printed (1478) although, strangely enough, the manuscript was not discovered until the fifteenth century. He was the first important writer on medical history and established the status of Hippocrates, Herophilus, Erasistratus and other great physicians of the past. The first edition, 1478, has been deposited in the Boston Medical Library collection, by Dr. J. F.

Fulton. There is also a copy of the 1497 edition in the Bullard collection.

The Byzantine period is represented by the "Etymologiarum" of Isidorus and the "Opus uniuerso" of Rabanus Maurus already mentioned.

The Arabians, Avicenna, Averroes, Moses Maimonides, Serapion, Haly Abbas and Avenzoar are all represented in the combined collections. Ibn Sina or Avicenna, 980-1036, prince, philosopher, physician, was physician-in-chief to the great hospital at Bagdad. His "Canon" is a huge work in which he attempts to codify the whole medical knowledge of his time and reconcile it with the systems of Galen and Aristotle. It became very popular during the Middle Ages. We have the "Canon" Liber one, Venice, 1490; Libri one, three, and four, fen one, Lyons 1498 and Liber five, Venice, 1486. There may be noted also the commentary of Forlivio on the third canon printed at Pavia in 1500.

Rhazes, 860-932, a great clinician, ranking with Hippocrates, Aretaeus and Sydenham, as one of the original portrayers of disease, gave the first account of measles and small pox. His "Liber ad Almansorem" of Venice, 1497 contains the first printing of the pseudo-Hippocratic "Capsula eburnea," a tract of the prognosis of skin diseases. This "ivory capsule" was said to have been found in the tomb of Hippocrates.

Averroes, 1126-1198, philosopher and commentator, founded a system of medicine upon the philosophy of Aristotle, which he called the "Colliget" or "Book of Universals." The first edition, 1482 is in the Bullard collection.

Moses Maimonides, 1135-1204, court physician to Saladin is represented by his "Aphorisms" of 1489. The copy from the Boston Medical Library collection was once the cherished possession of Oliver Wendell Holmes and has his bookplate. The combined collections have also the 1479 "Breviarum medicinae" of Serapion Junior, the 1492 "Liber medicinae" of Haly Abbas and the 1490 and the 1496 editions of the "Theicrisi" of Avenzoar. Haly ben Abbas, died 994, was a Persian mage and his "Liber regius" was the canonical treatise on medicine for a hundred years, until superseded by the Canon of Avicenna.

Avenzoar, a great Jewish physician, died 1162, described the itch-mite, serous pericarditis, mediastinal abscess and inflammation of the middle ear.

Salerno, thirty miles from Naples, was the seat of the famous school of Salernum which was the center of medicine in the tenth, eleventh and twelfth centuries. The Regimen sanitatis, a poem on popular medicine, did much to spread the fame of Salernum. It has been translated into all languages and there are about 250 known editions, many of them before 1500. We have



three editions, all with the commentary of Arnoldus de Villanova, and also the commentary of Magnino of Milan.

An early twelfth century contribution to medicine is the compilation called "Macer Floridus"

Saliceto or Salicet, 1201-1277, was a very able Italian physician and surgeon. In his treatise on practice he gives a remarkable account of melancholia, a classic description of dropsy due to a contracted kidney, and makes valuable con-



Petrus de Abano, "Conciliator," Venice, 1496. Anatomical woodcut of the abdominal muscles.

attributed to Odo of Mendon. It is a hexameter poem on the therapeutic virtues of 77 plants. The Bullard copy is the edition which was printed at Geneva before 1500. It has been identified personally by Dr. Arnold Klebs, now of Nyon, Switzerland.

contributions to gynecology. The Bullard collection is fortunate in having two works of his: the "Duo singulares et peritiles tractatus," Lpz. 1495 and the Summa conservationis et curationis" Venice, 1490.

According to Osler, Petrus de Abano, 1250-

1315, shared with Arnoldus de Villanova, the medical honors of the thirteenth century. A peripatetic professor, teaching in Paris, Padua and Bologna, he was honored by Naudé as one of the wise men for whom he wrote the "History of Magic." He was accused of heresy and suspected as a magician, his books were prohibited and he was saved from burning at the stake only by his death. He was known as the "Conciliator" and expounded the philosophy of Aristotle, Avicenna and Averroes. He was one of the first to have his books printed after the invention of printing, eight editions of four of his books appearing before 1480.

In his masterpiece, the "Conciliator," he tried to reconcile the views of the Arabists and Grecians. The 1496 Conciliator, printed for Octavianus Scoti by Locatellus, has a large double anatomical woodcut remarkable for its representation of the abdominal muscles. The most popular of his books was his tract on poisons, the "De Venenis" which was written while he was in the hands of the inquisitors. The combined collections have two editions of the "Conciliator," Pavia, 1490 and Venice 1496 and two of the "Venenis," that of Mantua 1473 (the George Dun copy, the only one in the United States) and Rome 1490.

Arnoldus de Villanova, 1235-1312, according to Naudé, "was the learnedest physician of his times, equally acquainted with Latin, Greek and Arabic." We have the extremely scarce "De Venenis" printed at Padua in 1473 and his "De Vinis" Lpz. 1500.

In the thirteenth and fourteenth centuries there were a number of works dealing with medical subjects by distinguished clerics. Albertus Magnus, 1193 or 1206-1280, (Albert von Bollstädt), Dominican monk, theologian, scholastic philosopher and teacher at Paris and Cologne, devoted his life to interpreting Aristotle to his generation. He recognized the importance of the study of nature. His "Liber aggregationis" contains a group of his medical writings. His medical work "De secretis mulierum" was extraordinarily popular. Dr. Bullard has seven different works as follows: "De generatione et corruptione," Venice, 1495, "Liber aggregationis," Rome, 1480, "Metaphysica," Venice, 1494, "Physicorum," Venice, 1494-1495, "De secretis mulierum et virorum cum expositione Henrici de Saxonia," Rome, 1499, "Summa naturalium," Brescia, 1493, "Summa de quatuor coaevis et de homine," Venice, 1498. The "Liber aggregationis," the "Secretis mulierum," and the second part of "Summa de quatuor" are distinctly medical. It is said that the "Secretis mulierum" is the work of his pupil, Henry of Saxony. Peter of Spain, ca. 1277, called Petrus Hispanus, physician to Pope Gregory X and afterward himself Pope John XXI wrote the "Thesaurus pauperum," which was the most popular of formularies. The Bullard edi-

tion is that of Venice 1500. The English Bartholmaeus, or Bartholomew de Glanville, wrote the "De proprietatibus rerum," a very popular book of the period. Books, five, six and seven are medical and anatomical. We have the editions of Nürnberg 1483 and Argentinae, 1491.

The three exponents of Anglo-Norman medicine were Bernardus de Gordon, Gilbertus Anglicus and John of Gaddesden. Bernardus de Gordon taught at Montpellier from 1285-1307. His "Lilium medicinae" is typical of the medieval period and is well arranged. He describes plague, phthisis, anthrax, trachoma, and leprosy as contagious, and gives the first description of a wooden truss. We have the Lyons 1491 and Venice 1496 editions. John of Gaddesden, 1280?-1361 was physician to King Edward II of England. His "Rosa Anglica" first printed at Pavia in 1492 contains an early description of the red light treatment of small pox which was already known to Bernard of Gordon and Gilbertus Anglicus. The "Compendium medicinae" of the last named was not printed until 1510 and is outside our present field, but it is interesting to know that a copy is in the Library.

A medieval student, rated high as a magician, was Michael Scot. Dante, at the end of the twentieth canto of his "Inferno" says:

"See that trifling fellow there?

'Twas Michael Scot, who knew his part  
In all the roguing cheats of Magic art."

His "Phisonomia" 1487-88 has a good deal more in it than physiognomy. In the section on generation he makes some very plain remarks on the choice of a wife.

Other 14th century physicians represented are Gentilis de Fulgino and Dinus de Garbo. Petrarch was the sworn enemy of the physicians of his time and continually ridiculed them in his writings. The inclusion in the Bullard collection of the 1496 edition of his "Opera" is thereby justified.

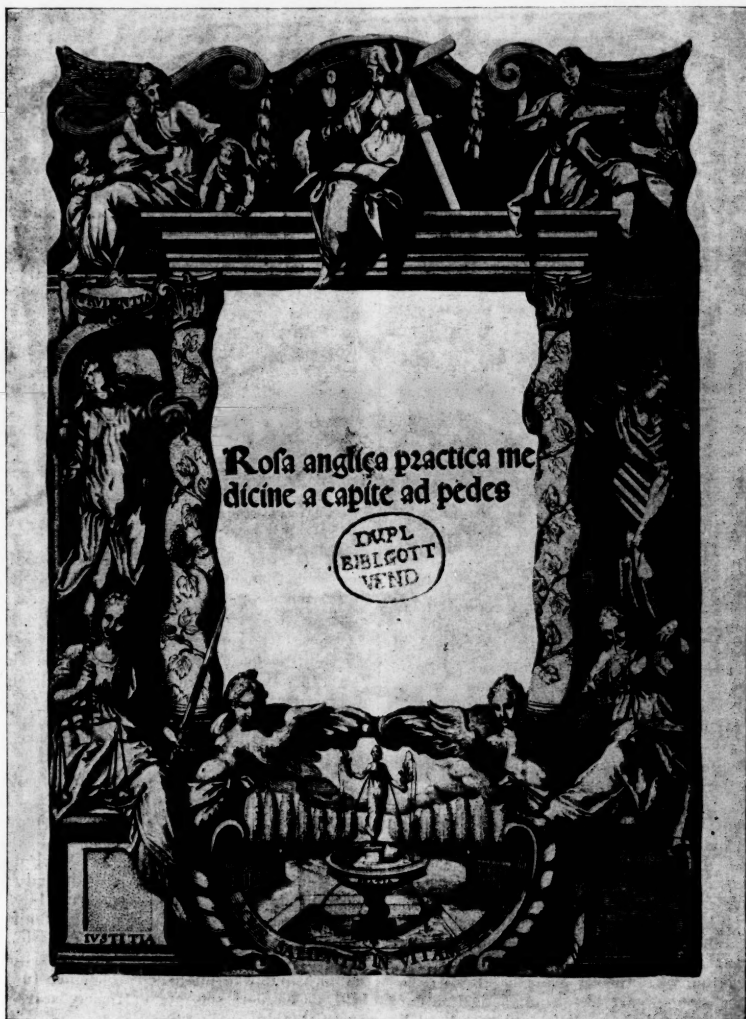
The contemporary 15th century writers have so many books in the collection that it will be inadvisable to mention them all at this time. During this period the Consilia or medical case book came into vogue and we have the Bologna, 1489 edition of the "Consilia medicinalia" of Baverius de Baveriis who lived about 1480 and the "Sermones medicinales septem" of his contemporary, Nicolaus Faleutius of Florence. This work consists of seven folio parts in four volumes and was published at Venice in 1490-1491. Complete sets are extremely scarce and very valuable.

Marsilius Ficinus, 1433-99 has his "Epistolae" 1497 and an edition of the "De triplici vita," 1489 as well as his tract on the pest. Ficinus recommended gold as the elixir of life, specially advised pills prepared at the conjunction of Jupiter and Venus and lauded drinking

the blood of little children and young persons as a means of rejuvenation.

Giovanni Michele Savonarola, 1384-1463, who was a professor at Ferrara is said to have been

bus," 1487 and 1498, his "Summa de pulsibus," 1497 and his most important work the "Opus medicinae," 1497. An edition of the "Liber de homine" 1478 of Hieronymus de Manfredis



John of Gaddesden. "Rosa Anglica," Pavia, 1492. Title page of first edition.

the first to recommend the douche in his treatise on baths. No less than six of his books are in the collection: two editions of the "De balneis," 1485 and 1496, two of the "Canonis de febr-

is the only one in the United States, according to the United States Census. This work has been erroneously ascribed to Albertus Magnus. Other important works are: the "Opus de

*aegritudinibus particularibus*," 1485 of Concoraggio, who lived about 1439 (an interesting bibliographical discovery has been made regarding this particular book. The colophon states that it was finished and seen through the press by Johannes de Romagnano. This fact seems to have escaped the notice of the bibliographers). The "*Opera medica*," 1497 of Gradibus, died 1472, and the "*Libellus de conservationis sanitatis*," 1475, first edition of Benedictus de Nursia. This fifteenth century Benedictus de Nursia should not be confounded with the sixth century author of the same name who was connected with the Benedictine monastery.

In 1477 the "*Lumen animae: Liber moralium*" was first published. For a long time the author was unknown, then it was thought that it was Mathaeus Farinator who prepared an index and edited the work, but it is now known that it was written by Berengarius de Londora, archbishop of Compostella O. Pr., one of the most extensively read men of his time. The author is named in a manuscript copy of the work in the famous monastery of Saints Ulrich and Afra. This work is distinctly of a medical character and was missed by Osler who did not include it in his list. It comments on the works of Constantinus, Galen, Bartholomaeus, Hippocrates, Philaretus, Theronon, Avicenna, Averroes, Alchabitas, Moses Maimonides, Mesue and others. Some of the medical chapters are: *De semine*, *De sanitate*, *De somno*, *De sopore*, *De cordis situ*, *De oris flatu*, *De pestilentia signo*, *De sanguinis adventu in captu*, *De dentibus*, etc.

In leaving the fifteenth century it is noted that we have one or more works of the following important authors, Beroaldus, Forlivio, Gazius, Hugo Senensis, Merula, Paulus Venetus, and Suissette. We now turn to books and monographs in special fields of medicine or on special diseases. Here one will find five tracts on the pest or plague. Alexander Benedictus, Venice, 1493, Rolandus Capellutius, Rome ca. 1487, Marsilius Pinicinus, Florence, 1481, Valescus de Taranta, Basel, 1474 and the "*Tractatus de Pestilentia*" by Jacobi, Augsburg, ca. 1480. With the exception of Ficinus all of these pamphlets are excessively rare. The only other particular disease is syphilis, described by Leonicienus in his "*Morbo gallico*" Venice, the Aldine edition of 1497.

In special fields of medicine may be noted an edition of the first book on pediatrics, the Bagellardus of 1487; the "*Lumen apothecarium*," 1497, of Augustus; the treatises on Baths by Montagnana, 1497, and Savonarola 1485; an edition of the first book on diet, the 1499 Bologna imprint of Platina "*De honesta voluptate et valetudine*"; and an edition of the very rare "*De re coquinaria*" of Apicius, a book on cookery and diet.

In the ninth century medicine was taught as a part of "*Physica*" which included astronomy

and incidentally astrology, which for many centuries had a very important place in medicine. Astrological treatises of Alechabitas, Bellantius, Geroch and the "*Opusculum prognosticum*" are contained in Dr. Bullard's collection as well as various books on magic, witches and demons by Institor, Manliis, Pica Mirandula and Viscomi; as well as an undated edition, probably before 1480, of the anonymous "*Conjuratio malignorum spirituum*." Palmistry is represented by the anonymous "*Chiromanthia*" of 1493; anatomy by Mundinus, memory by Albertus Carrariensis 1491 and Matheolus de Matthiolis 1494. In addition to the tracts of Peter of Abano and Arnoldus de Villanova on poisons already mentioned we have the treatise of Ardoynis, 1492.

The herbals of Albertus Magnus and the Maer Floridus have already been mentioned. In addition we have the 1491 "*Herbarius*" and the 1481 Apulieus, the first herbal to be printed. There is only one copy mentioned in the Census. Unfortunately our copy is imperfect, lacking two or three leaves. In addition to the "*Regimen sanitatis*" and the "*Maer Floridus*," the poetic works of Beroaldus, Fiera and Serenus Samonicus are in the Bullard library.

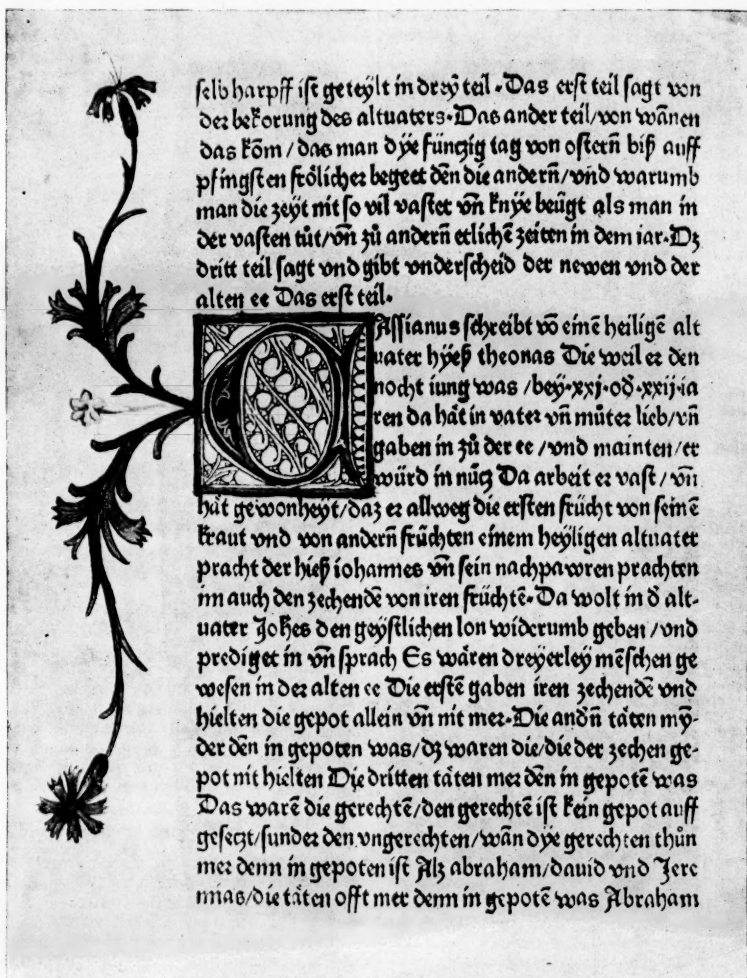
Philosophical works having to do with medicine are strongly represented as is shown by the following authors: St. Augustine, Baptista Mantuanus, Boethius, Bonvicinus de Ripa, St. Cyrillus, Diogenes Laertius, Magister, Nicephorus, Nider and Sabunde.

In closing I am going to speak to you of three outstanding books by 15th century writers. First the 1491 edition of John of Ketham's "*Fasciculus medicine*" which is the first medical book to be illustrated with wood cuts. The copy in the Boston Medical Library is the Dr. David Hunt copy and is the only one in the United States. There is only one other copy outside of Germany and Austria and that is in Copenhagen. The book is noted for its large folio woodcut plates, five in number, commonly known as the phlebotomy man (two plates), the pregnant woman, the wound man, and the disease man as well as the plate of the urine glasses. The work was undoubtedly in common use in manuscript form for many years before its first printing. According to Singer, John of Ketham was a Swabian physician whose true name was Johan von Kircheim and who lived and taught at Vienna between 1455 and 1470 A.D. Singer believes that Kircheim, a practical man, prepared and copied the texts forming the "*Fasciculus*" for his own private use and for purposes of teaching. Lier has published a facsimile edition of this 1491 text as number one of his *Monumenta medica*. A true monument of medical printing. Second, the first edition of the anonymous, "*Versehung Lieb, Seele, Ehre und Gut*," ("the way to preserve body, soul, honor and means"), printed at Nürnberg by Peter Wagner in 1489. On the verso of an elaborately designed woodcut is a



remarkable full-page engraving of a sick man lying in bed surrounded by a number of persons. To his right stand a notary, a doctor and a priest. The sick man has a typical Hippocratic

medical one and must have been popular in its day. It begins with consoling words to be spoken to the sick and then gives a method of waiting on them and nursing them. It shows



Page from the "Golden Harp" of Nider, Augsburg, Bümmler, 1472.

face. At the end of the volume the printer has supplied a wood cut book plate, the first recorded use of the so-called universal book plate. The text is ornamented with numerous large and fine wood cut initials without frames, after the designs of Israel von Mencken. The book is a

how a will should be made, giving a sample of such a document. The medical part extends from page 11 to 148, and treats of the pulse and urine, of semiotics in general, of bleeding, cupping, digestion, purgatives, comments on diseases in general and particularly diseases of

women, gives the signs of death and describes about forty herbs and their effects. This particular copy is in a fine monastic binding of the period with clasps intact and belonged to the monastery of Saints Peter and Paul at Salzburg.

To digress a moment, it is interesting to note that the "Versehung" today is priced at \$1000 whereas three years ago it could have been bought for \$350. The Rabanus Maurus has advanced in price in the same period from \$500 to \$2500. An eminent collector of incunabula has recently said that the time is fast coming when any book printed before 1500 will be worth \$500, due to the depletion of the supply of these books which is necessarily limited.

Lastly and reverently we come to the "Golden Harp," ("Die vierundzweinezig guldin harpfen") of Nider, printed by Bämle at Augsburg in 1472, a monument of the printer's art. Written in German, printed with special German type with superlative skill, one marvels at the craftsmanship displayed by this early master of his art. Johannes Nider, who lived early in the fifteenth century, was a theologian and Dominican monk, greatly interested in philosophy, occultism, magic and the natural sciences. The copy from the Bullard collection is the Huth copy, bound by Bedford in polished calf. All the initials are superbly rubricated and illuminated in gold and colors. According to the Census there are only two other copies in the United States, one in the Morgan library, the other in the Ann Mary Brown collection at Providence. It is truly a museum piece, worthy the library of a king.

I have tried to tell you something of the books, their contents and their authors and have not said much of their bindings, illumination and illustration or of the presses and printers and former owners of the various volumes. A catalog is now being prepared with historical and bibliographical notes which will be published in the near future.

I am indebted to the works of Putnam, Garrison, Baas, Osler, Neuberger, Pagel, the catalogs of Maggs Brothers, the Rosenthals, Halle and others, besides the numerous special bibliographical works contained in the working library in my office. The Boston Medical Library has been most generous during the past years in permitting me to build up a fine collection of reference books of a bibliographical character. This collection, now in daily use, is repaying the Library a thousand-fold in dividends of knowledge and saving of time. It is invaluable in the life of the Library.

I take pleasure in thanking Drs. John W. Farlow, Librarian of the Boston Medical Library, John W. Cummin and Joseph W. Courtney, who have kindly read my manuscript.

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## UNITED STATES PUBLIC HEALTH SERVICE

### SEX EDUCATION—A SYMPOSIUM FOR EDUCATORS

THE United States Public Health Service announces the issuance of a new publication known as "*Sex Education—A Symposium for Educators*," which should prove of special interest and assistance to physicians and nurses who are engaged in school hygiene or physical education. Educators generally are recognizing the importance of sex educational work, not only from the standpoint of venereal disease prevention, but also for the purpose of influencing behavior and inculcating principles of normal conduct in the growing child.

The scope of this publication is broad as its purpose is really to serve as a manual of the various phases of sex educational work in schools. An idea as to how this plan is developed may be gained from the following list of articles which make up the symposium:

An approach to sex education in the high school. Thomas Parren, Jr., Assistant Surgeon General.

The preparation of teachers to use sex for character education. T. W. Galloway, Ph.D., Litt. D.

Progress in sex education. James Frederick Rogers, M.D., D. P. H.

Sex education as a factor in mental hygiene. Ira S. Wile, M.D., associate in pediatrics, Mount Sinai Hospital, New York.

The role of the home and the school in sex education. E. F. Van Buskirk, executive secretary, Cincinnati Social Hygiene Society.

The part of civic organizations in developing sex education in schools. District of Columbia Social Hygiene Society.

The progress of sex education programs in foreign countries. Daisy M. O. Robinson, M.D., acting assistant surgeon, United States Public Health Service.

Book list and other materials available for use in sex education.

The symposium will be sent free of charge to all interested physicians or nurses. Application should be made to the United States Public Health Service, division of venereal diseases.



**Case Records**  
of the  
**Massachusetts General Hospital**

ANTE-MORTEM AND POST-MORTEM RECORDS AS USED IN  
WEEKLY CLINICO-PATHOLOGICAL EXERCISES

EDITED BY R. C. CABOT, M.D.

F. M. PAINTER, A.B., ASSISTANT EDITOR

AN IMPORTANT AND SOMETIMES UN-  
RECOGNIZED CAUSE OF OBSTINATE  
TACHYCARDIA AND OF AURICULAR  
FIBRILLATION

MEDICAL DEPARTMENT

CASE 13211

A woman thirty-eight years old entered the hospital September 24 with a complaint of palpitation and dyspnea on exertion and excitement for the previous eight months. She was referred by her physician in order to determine the cause of these symptoms and of an obstinate tachycardia. The pulse rate had remained between 100 and 120 most of the time in spite of drugs and rest. There had been no fever, and there were no other symptoms except fatigue and the loss of about thirty pounds. She had been in bed over a period of six weeks without relief.

Nine years before this hospital entry she had been studied because she was run down, but no disease was found. Three years before and again two years before admission she was in the hospital for pyelitis. Her present symptoms had first appeared nine months after the birth of her third child. She felt very well at that time, but during the winter preceding her present illness there had been a good deal of strain due to the occurrence of four deaths in the family and to moving. She had been operated on for appendicitis in July. The pulse remained fast before and after the operation.

Physical examination showed a woman fairly well developed and nourished, with normal breathing and good color, mentally clear. The reflexes were normal. The tonsils were moderate in size. There was no enlargement of the cervical glands. Her teeth were good. The cervical veins were not engorged. There seemed to be a slight staring expression to the eyes, but there was no definite exophthalmos. The thyroid gland was palpable but not appreciably enlarged. The heart was normal in size, though there seemed to be some increase in supracardiac dullness to percussion. The sounds were of good quality. There was a rather rough blowing pulmonic systolic murmur. There were no thrills. The rhythm was regular but fast at the rate of 130. The arteries were soft. The

pulse was small. The blood pressure was 115 millimeters systolic and 60 diastolic. The lungs and abdomen were normal. There was no edema of the extremities. The urine was normal. The blood was normal except for slight secondary anemia. The non-protein nitrogen in the blood measured 37 milligrams per hundred cubic centimeters. The X-ray showed no cardiac enlargement or evidence of disease of the lungs. Electrocardiogram showed sinoauricular tachycardia at the rate of 160. The basal metabolic rate was 50 per cent. above normal at a pulse rate of 126.

*Course.* Under rest and use of Lugol's solution she was much improved after one week. The pulse rate dropped to 90 and the basal metabolic rate to 25 per cent. above normal. Operation was advised by consultants and a hemithyroidectomy was done. Two months later (December 13) a second operation, this time a left subtotal hemithyroidectomy, was done. Pathological report after both operations was "Primary hyperplasia, with moderate involution." On December 20 the basal metabolic rate was plus 10 per cent. at a pulse rate of 88. A report four months later showed the patient very much improved, with normal metabolic rate.

CASE 13212

A man aged forty-five years complained on January 18 of paroxysms of cough with tickling of the throat waking him up at night, of nervousness and of loss of twenty pounds beginning one month before the present examination. He was referred because of unexplained tachycardia of a month's duration and swelling of the feet for two weeks. Rest in bed had not helped him.

He had always been well before.

Physical examination showed a rather tall, thin, nervous man with a slight staring expression and slight exophthalmos but without evident enlargement of the thyroid gland. The reflexes were normal. The tonsils were small. Many teeth were missing. The cervical glands were not engorged. The heart was not enlarged, but was very forceful in its action; it was rapid, with excellent sounds. There was a slight apical systolic murmur. There were no thrills. The rhythm was normal, the pulse full. The artery walls were soft. The lungs and abdomen were normal. There was slight edema of the ankles. No clubbing of the fingers was found. The pulse rate at the apex was 120; the blood pressure 120 millimeters systolic and 60 diastolic. The urine was normal.

The patient was referred to the hospital for study and the following additional information was obtained. X-ray showed an over-active heart of normal size. When viewed under the fluoroscope the cardiac contraction was extra-

ordinarily forceful. The Wassermann reaction was negative. The non-protein nitrogen in the blood measured 30 milligrams per hundred cubic centimeters. The blood showed a normal red count and a leukopenia of 3,100 with 45 per cent. lymphocytes. The electrocardiogram showed sinoauricular tachycardia with a rate of 120 and a diphasic T wave, possibly due to digitalis which he had been having outside. The basal metabolic rate was 30 per cent. above normal at a pulse rate of 106.

Three weeks of rest in bed at home afforded no relief. He was again referred to the hospital for operation, and on February 15 a first stage right subtotal hemithyroidectomy was done. After a few weeks he returned vastly improved. On April 6 the second stage left subtotal hemithyroidectomy was done. He has done well since the operations, with gain in weight and disappearance of nervousness, cough and tachycardia.

#### CASE 13213

A man aged forty-one years complained on December 24 of irregular rapid palpitation of his heart, especially on exertion or excitement, of four months' duration. Two months before he was seen he had been seized with an attack of diarrhea lasting a week and forcing him to quit work. The doctor who was called because of the diarrhea was much more interested in the cardiac condition, and for that abnormality kept him at home. The patient had been digitalized and was taking digitalis at the time of examination. Aside from the palpitation, easy fatigue and diarrhea he had had a slight cough and had lost twenty pounds in weight.

His past history was excellent. He had had scarlet fever as a child and influenza in 1918.

Physical examination showed a well developed and nourished man with good color, breathing normally and with normal reflexes. The tonsils were of moderate size. The cervical glands were not enlarged. The teeth showed some bad roots. The cervical veins were not engorged. There was a slight staring expression and a question of slight exophthalmos. The thyroid gland seemed normal. The heart showed no enlargement but was absolutely irregular in rhythm, forceful and rapid in rate. There was a slight apical systolic murmur. Pulse was small, artery walls soft. Lungs and abdomen were normal. There was no edema of the extremities. A slight tremor of the hands was found. The pulse rate was 120 at the apex and the wrist. Blood pressure was 130 millimeters systolic and 70 millimeters diastolic. Electrocardiogram showed a coarse type of auricular fibrillation with a ventricular rate of 140 and a diphasic T wave in lead II.

A diagnosis of irritable heart with auricular fibrillation was made and it was suggested that

the patient enter the hospital for quinidine sulphate therapy in order to reestablish normal rhythm. To rule out hyperthyroidism he was referred for determination of the basal metabolism. This was found to be 36 per cent. above normal. The consultant made a definite diagnosis of hyperthyroidism. In April, three months later, after a thyroid operation, the patient reported that he was feeling well. He considered that the operation was what he needed.

#### CASE 13214

A woman fifty-two years old came for examination November 24 because of rapid irregular palpitation beginning five months before. Associated with this palpitation there was shortness of breath and fatigue on slight exertion. Additional symptoms were insomnia, nervousness, trembling and loss of twenty-five pounds in weight. She complained of no heart pain.

She had always been in good health except for occasional sore throats, nervousness, and dissection of the right breast and axilla three years before for a tumor.

Physical examination showed a fairly well developed and nourished woman with normal breathing and good color. She was mentally clear but nervous. Her reflexes were over-active. The tonsils were moderately enlarged and irregular. The cervical glands were slightly enlarged. The teeth were all false. There was slight enlargement of the thyroid gland, and the eyes seemed slightly prominent. The heart showed slight enlargement, the apex impulse and left border of dullness being 8.5 centimeters to the left of the midsternum, one centimeter beyond the midclavicular line. The sounds were of good quality and forceful. There was a slight blowing systolic murmur at the apex. The pulse was full and rapid in rate and showed many premature beats. The pulse rate was 100 at apex and wrist. Blood pressure was 150 millimeters systolic and 90 diastolic. The artery walls were soft. The lungs and abdomen were negative. There was no edema of the extremities and no cyanosis or clubbing of the fingers. The urine was normal. The electrocardiogram showed auricular premature beats from various foci interrupting sinoauricular tachycardia at a rate of 135.

Hyperthyroidism was suspected and the basal metabolic rate was determined. It proved to be 45 per cent. above normal three days after the examination. Operation was advised and carried out with great relief of symptoms.

#### DISCUSSION

BY PAUL D. WHITE, M.D.

These cases will not require much discussion. They point a moral which is obvious.

## CASE 13211

Her heart symptoms had begun before the appendicitis was diagnosed and continued afterwards.

The murmur was interpreted as functional.

She came in for study, so that all possible factors might be surveyed, although a tentative diagnosis of increased basal metabolic rate was made at the outset because of her story of tachycardia, loss of weight, and fatigue in spite of rest, and because of the absence of evidence of heart disease or infection. Infection and heart and renal involvement had to be ruled out and the diagnosis of hyperthyroidism confirmed by the basal metabolic rate.

The first operation was done October 9, a right first-stage subtotal hemithyroidectomy.

DR. CABOT: Have you any difficulty in the differential diagnosis between a failing heart unconnected with thyroid trouble but accompanied by a high metabolic rate, and a thyrotoxicosis with failing heart?

DR. WHITE: No. In three of the cases I am to speak of this afternoon, one in detail and two to which I will refer, I had missed the diagnosis at first, but they did not have heart failure. They were thyrotoxic cases but without failure. I have not, so far as I can remember, been disturbed by patients with heart failure and an increased metabolic rate as a result of that failure. We usually have not bothered to take the metabolic rate in such patients. There has been little to indicate the need of it. The differentiation I think should be easy as a rule. Although these cases this afternoon were rather difficult ones the question of failure did not enter into their problem. They were all missed by somebody, either by the doctors who referred them for special cardiac examination without particular suspicion of increased thyroid activity, or else they were missed by myself.

DR. CABOT: The thing that brought it to my mind was that I have heard Dr. Hamilton, from Dr. Lahey's clinic, speak of cases in which he was not able to be sure with what condition he was dealing.

DR. WHITE: I imagine if we took basal metabolic rates as a matter of routine in all our cases we might be puzzled by some. That we have not done. Dr. Hamburger of Chicago among others has stated that congestive heart failure itself may cause an increase in the basal metabolic rate.

## CASE 13212

Two of the most important points in these cases are the loss of weight, which is not true of cardiac patients as a rule, and the failure of rest in bed to help the patients. It is easier to suspect the diagnosis in some of these difficult patients on first observation of the patient, as he or she first enters the room, or as we first see

the case in the ward. We note a slightly worried, staring expression which, associated with the tachycardia and the history, should at once suggest hyperactivity of the thyroid gland. There may be no frank exophthalmos.

I had an opportunity to see this patient under the fluoroscope with Dr. Holmes. I wish he would say a word about his impression of the thyroid heart under the fluoroscope, as to whether he thinks that he might sometimes make a diagnosis of hyperthyroidism in watching the heart beat.

DR. HOLMES: We have never made a definite diagnosis of hyperthyroidism by X-ray, but I think the heart does show some rather characteristic things,—a rapid, very forceful heart without as a rule much dilatation or enlargement. In some of the older cases we do get a good deal of enlargement of the heart, where the hyperthyroidism had been going along untreated for some time. There is not much to distinguish it from an enlarged heart from other cause.

DR. WHITE: This heart was extraordinarily active, as if this man, who was brought down in a wheel-chair, had been running.

DR. CABOT: Does it look any differently from the way a nervous person's heart does in emotional strain?

DR. HOLMES: I think perhaps it does. Perhaps we should have paid more attention to it. A nervous person's heart is fast, but there is not the excursion to the beat or the appearance of strength that there is to the thyroid heart.

DR. WHITE: One may find a leukopenia of this degree in hyperthyroidism.

This man had been treated as primarily cardiac outside, and given digitalis; he was referred really to discover why the treatment had not helped in restoring a normal cardiac action.

He was at home for about a month after discharge from the hospital.

## CASE 13213

There was no pulse deficit.

The diphasic T wave was quite probably the result of the administration of digitalis, which had affected the T wave without being able to reduce the heart rate much. That is, there was very little evidence of block, although the heart rate may have been higher before the digitalis was given. When the ventricular rate in auricular fibrillation is not reduced by digitalis one should suspect infection or hyperthyroidism as the cause, with increased sympathetic stimulation to prevent any block.

I thought that the fast pulse might be due to nervousness at the time of examination, and did not suspect hyperthyroidism at the first examination. There was no evidence of congestive failure; the consultant to whom I referred this man thought that there was no doubt about the diagnosis of hyperthyroidism.

Auricular fibrillation is one of the latest stages, yet not always very late, of the action of hyperthyroidism on the heart. Often the heart remains normal in rhythm, at other times there are paroxysms of tachycardia, and at other times paroxysmal or constant auricular fibrillation. If in a man or woman of middle age one finds constantly recurring attacks of auricular fibrillation or paroxysmal tachycardia with an apparently normal heart, one should at once look for hyperthyroidism.

#### CASE 13214

This patient's heart is not very far from fibrillation. With a tachycardia of this rate it is unusual for premature beats to appear. The heart must have been in a very irritable state, and it is likely that this patient would go on readily to auricular fibrillation. She complained of the high pulse rate but showed no fibrillation at examination.

#### ADDITIONAL NOTES

Four other patients I should like to mention briefly. One (Number 5 of this series) was a man forty-eight years of age, who with some hypertension and cardiovascular symptoms began to complain of insomnia and loss of weight. Very little attention was paid to these new symptoms. There was no exophthalmos and no obvious thyroid enlargement. He was lost sight of for about two years, and when he returned he showed very definitely localized enlargement of the thyroid glands. His symptoms were very much increased; his blood pressure remained rather high but not extremely high. When first seen he had a blood pressure between 210 and 165 mm. systolic and 110 and 85 diastolic. When he appeared two years later it was 185 mm. systolic and 95 diastolic.

He was operated on with marked relief of his symptoms. He was far better than he had been for two or three years, but he still continued to show hypertension.

Apparently here was a complication of a toxic adenoma of the thyroid gland in a man with essential hypertension, so far as we could tell. It was rather misleading. I ought to have suspected this trouble earlier and to have kept him under observation, with earlier diagnosis and operation.

Another patient, Number 6 of this series, was a woman fifty-five years old who ten years before had had typical signs and symptoms of hyperthyroidism with thyroid enlargement. A double ligation eight years before was followed by relief for five years. She took thyroid gland and iodine until a few months before she was seen by me.

Three years before examination, five years after the operation, there was a recurrence of symptoms which were relieved by rest. Five

weeks before she was seen by me there was a sudden onset of palpitation and dyspnea. She was put to bed for three weeks, but was still complaining of palpitation, dyspnea, and a sensation of suffocation.

When I examined her her heart was absolutely irregular and slightly enlarged. An electrocardiogram showed auricular fibrillation with ventricular rate of 105. The basal metabolic rate was fifty-eight per cent. above normal. A more complete operation earlier probably would have prevented the recurrence of symptoms and the more definite late involvement of the heart with enlargement and auricular fibrillation.

A seventh instructive case was that of a man fifty-three years of age with glycosuria and loss of weight dating back two years, auricular fibrillation and slight cardiac enlargement. There were no heart murmurs. His blood pressure was somewhat elevated and his ventricular rate by electrocardiogram was 180. He had a worried expression which I noted at the time on my record, but no definite exophthalmos or thyroid enlargement. I advised digitalization with apparently never a thought of the possibility of hyperthyroidism. Two months later some one else discovered a basal metabolic rate of 65 per cent. above normal. Hyperthyroidism was diagnosed and a thyroid operation was successful in clearing up his symptoms.

An eighth and final case of this group was a man of sixty-five years with a history of ten years of angina pectoris and an attack of coronary thrombosis six weeks before I examined him. In addition to his cardiac disease he showed a left sided enlargement of his thyroid gland but no other symptoms or signs of hyperthyroidism. Electrocardiogram showed a normal rhythm at a rate of 70 with abnormal ventricular complexes.

Rest improved his condition, but after a few weeks he became too active and began to have attacks of cardiac asthma. I advised him to rest more and referred him for surgical opinion about his thyroid cyst. There were still no symptoms of hyperthyroidism and his pulse was regular at a rate of 75.

Two months later a cystadenoma of the thyroid gland was removed. For some months he was much improved so far as his cardiac symptoms were concerned. At this time he was in bed at first, and then very gradually more active. Prior to the operation it was very difficult to keep him quiet.

After another few months as he became more active his cardiac symptoms returned. He died of heart failure about fifteen months after his operation. It is possible that the operation prolonged his life a few months by making him rest for a while, but it is apparent that the underlying coronary disease was little if at all affected by the surgical intervention. Another



lesson suggested by this case is that operations rather than being contraindicated in some cardiac patients may actually help, provided they are not too severe, by affording a long rest in bed which would be difficult to enforce under ordinary circumstances.

Summarizing, these eight cases show the need of constant thought of the possibility of hyperthyroidism as an underlying factor of cardiac symptoms and signs, particularly of cardiovascular symptoms. One should always pay especial attention to other symptoms pointing to the diagnosis, such as loss of weight, nervousness, insomnia, as well as to the symptoms particularly referable to the heart.

Patients with effort syndrome, with infection, and with heart failure, and of course with valvular disease, should be easily differentiated from these cases with hyperthyroidism with cardiovascular symptoms. All of these patients had as their presenting sign tachycardia, obstinate and unrelieved by ordinary treatment.

DR. CABOT: I should like to ask a general question, not in relation to this group of cases. Do you see cases in which hypertension persists for weeks or months and then goes away of itself?

DR. WHITE: I do not remember having had the opportunity to observe any striking cases as the pressure has dropped, but I have vague recollections of perhaps two or three cases which were not very striking. I have seen however a number of patients who themselves or whose doctors have told me that their blood pressure had been much higher years before, sometimes as long as ten years before. One case which I remember particularly was that of an elderly physician whose pressure was 160 when I examined him and who showed slight enlargement of the heart. He was actively practicing. He told me that ten years before he had had a pressure of over 300, had been given up by the internists of two cities, and had gone home to fold his hands and wait for the end. The end did not come. At the time of the war he resumed practice and during the influenza epidemic he was very busy. I saw him ten years later.

DR. CABOT: Those cases are pretty rare, aren't they? I am always hearing about them, but I have never seen one.

DR. WHITE: That is the only striking case that I have known about.

#### DIAGNOSES

##### CASE 13211

Hyperthyroidism. Effort syndrome and obstinate tachycardia.

##### CASE 13212

Hyperthyroidism. Cough, loss of weight and obstinate tachycardia.

##### CASE 13213

Hyperthyroidism. Auricular fibrillation. Diarrhea.

##### CASE 13214

Hyperthyroidism. Effort syndrome. Auricular premature beats. Loss of weight.

##### CASE 13215

IS A TENDER PALPABLE KIDNEY THE DAMAGED ONE?

#### UROLOGICAL DEPARTMENT

A married Irishwoman sixty-one years old came to the Emergency Ward August 11 complaining of hematuria.

A year and a half before admission she fell on her knees and heard something snap in the small of her back. The following day she had gross hematuria which cleared up very soon and returned only rarely until six months before admission. Then she had another attack which immediately cleared up. X-ray examination of the genito-urinary tract at this time was said to be negative. Two months before admission she had another attack. For one or two months she had had pain in the right side. For six weeks she had urinated three or four times at night. There was no frequency by day. At present her urine was "very hard and sudsy." At times she had pain radiating down the lateral surface of the right hip, and also pain up the back of her neck. She tired very easily and said she fainted easily. At times she felt a "smothering sensation in her epigastrium." She had marked dyspnea on exertion. Her present weight was 165 pounds, normal for her.

Her family history is irrelevant. Her past history was negative except for frequent colds and sore throats.

Clinical examination showed a dyspneic woman lying flat. The skin was pale, the lips and mucous membranes cyanotic. Numerous carious teeth. Marked pyorrhea. Heart not enlarged, action irregular, rate 120, sounds not of good quality, no murmurs. Pulses and arteries normal. Blood pressure 115/85. Lungs normal. Abdomen obese. Fullness and a questionable mass in the right flank. Right costovertebral tenderness. Pelvic examination: uterus in two degrees retroversion, moderate vaginal discharge, laceration of cervix. Pupils slightly sluggish. Knee-jerks not obtained even with reinforcement.

Amount of urine not recorded. Sediment of a catheter specimen showed 5 to 10 red blood cells per high power field. Another specimen showed a very slight trace of albumin, specific gravity 1.025, 5 leucocytes and 1 red cell. Blood not recorded. Wassermann negative.



Temperature 101.2° to 97.2°, pulse 90 to 115, respiration 20 to 31.

The patient had considerable pain in the right flank and seemed low spirited and exhausted. August 12 cystoscopy was done and a pyelogram taken. She seemed to be quite comfortable afterwards and slept well, although her pulse was 90 that evening. Early the next morning she awoke dyspneic and said she was dying. The pulse was 160, the respiration 48. An hour later the house officer found her dead. The chest and abdomen were resonant throughout, the abdomen soft.

#### DISCUSSION

BY EDWARD L. YOUNG, JR., M.D.

This is the picture of a woman well advanced in years, with the story of hematuria for a year and a half, starting abruptly, continuing up to the time of admission, with cardiovascular damage and negative X-rays so far as the urinary tract is concerned. The onset of that hematuria might actually have been connected with the fall, although bleeding usually comes on pretty soon after any jarring if at all. This came on only the next day.

With a negative X-ray we could rule out stones as a cause of this hematuria, because had it been due to a stone so small or so situated that X-ray would not show it bleeding would not have continued up to the present time.

She has not enough evidence of cardiac disease to say that that alone is the cause of the hematuria. Of course it is unusual to have hypertension and nephritis cause hematuria to this degree and for this length of time, although I believe it is one of the commonest causes of microscopic hematuria and often of macroscopic hematuria.

The facts that the X-rays are negative and that there is a mass to be felt in the right flank bring up the question of tumor of the kidney. With no more evidence of sepsis than there is in the catheter specimens it seems hard to fit a pyonephrotic kidney into the picture. It seems to me that the pyelogram will very probably show an abnormal kidney, probably from tumor.

#### DR. YOUNG'S PRELIMINARY DIAGNOSIS

Hypernephroma.

#### PRELIMINARY DIAGNOSIS

Hypernephroma.

#### CYSTOSCOPY

Cystoscopy was done for the purpose of confirming a diagnosis of hypernephroma, but after inspection of the bladder, which was normal, and catheterization of the ureters, the flow of urine was so poor from both sides and the

patient was in such poor condition that it was thought advisable to discontinue the operation.

#### PYELOGRAM

The left kidney shadow was large. The right kidney shadow was obscured by gas and motion. There were no X-ray shadows of urinary calculi. A right pyelogram revealed normal calices, renal pelvis and ureter. There were extreme proliferative changes about the lumbar spine and pelvic joints with eburnation of the left hip joint.

#### FURTHER DISCUSSION

DR. RICHARD DRESSER: The plain films of the kidney were negative. We have here the film of the injected pelvis. That pelvis is just a little large, but I believe it is within normal limits. I was trying to find the kidney outline on that side. It does not show up very clearly. We can imagine a line which might be the kidney, but it is not definite.

DR. E. G. CRABTREE: Is that lower calyx right?

DR. DRESSER: I think it is all right. I think that the apparent deformity is due to the position in which we are looking at the kidney.

DR. YOUNG: The fact that we do not see the outline of the kidney on that side is often important, assuming we are satisfied that we have a good X-ray.

DR. DRESSER: I think it is important.

DR. YOUNG: On the other hand, that is a distressingly normal pelvis.

DR. CRABTREE: That does not rule out the possibility of cystadenoma.

DR. YOUNG: We have no cause for bleeding from the bladder, according to the cystoscopy, and the pyelogram does not give us any definite diagnosis. We did not have any X-rays of the chest. Was there any question of metastasis?

DR. DRESSER: No.

DR. YOUNG: I think I will let Dr. Richardson give us the diagnosis. It still seems to me that kidney tumor of some type is the best bet. Of course it is conceivable that her cardiorenal system was badly damaged, that her pressure before this has been higher, that there is a certain amount of nephritis, and that this is an unusually prolonged case of bleeding from cardiorenal disease.

DR. CABOT: Do you suppose she could have had a kidney infarct? That would give bleeding. She had a poor heart.

DR. CRABTREE: Could it be an infarct for a year and a half?

DR. CABOT: I did not notice that it had been going on so long.

DR. YOUNG: I have never known gross blood from cardiorenal disease, proved as such, to last over six months. I saw one case with Dr. Hugh Cabot that did last nearly as long.

DR. CABOT: There is generally a high blood pressure with that.

DR. YOUNG: Yes.

DR. CABOT: Do you think the pyelogram did her any harm?

DR. YOUNG: No. Properly done I do not think a pyelogram *per se* does anybody any harm. I think that the cystoscopy can tire a patient considerably. I do not think that the injection of the solutions now used,\* if carefully done, does any harm unless the kidneys are badly damaged; in that case to do a double pyelogram might be a very considerable risk, by hitting the kidneys when they were just on the edge of suppression.

I have no guess except kidney tumor.

A PHYSICIAN: How do you explain the pulse of 160?

DR. YOUNG: She died within an hour. We shall have to ask the pathologist to tell us. I do not explain it.

#### CLINICAL DIAGNOSIS (FROM HOSPITAL RECORD)

Neoplasm (?) of the left kidney.

Myocarditis.

Pulmonary embolus.

#### DR. EDWARD L. YOUNG'S DIAGNOSIS

Kidney tumor.

#### ANATOMIC DIAGNOSES

##### 1. Primary fatal lesions

Adenocarcinoma (hypernephroma) of left kidney.

Metastases in lungs and liver.

##### 2. Secondary or terminal lesions

Pulmonary embolism.

Hypertrophy of the spleen.

Arteriosclerosis.

Hypertrophy and dilatation of the heart.

##### 3. Historical landmarks

Chronic pleuritis.

DR. RICHARDSON: The head was not examined. The abdomen was not distended, and the wall was negative. The skin showed a tan-like color, but no definite icterus. The muscles were negative. Subcutaneous fat in large amount. Breasts negative.

The peritoneal cavity and appendix were negative. The mesenteric glands were slightly enlarged and surrounded by an areola of gelatinous tissue. A piece was taken for microscopic examination. It showed no neoplasm. The retroperitoneal glands also were rather firm. A piece taken from them was negative for neoplasm.

The liver was six centimeters below the costal

border. The diaphragm was at the fourth rib on the right and the fifth rib on the left.

There was no excess of fluid in the pleural cavities. There were a few old adhesions on the right, on the left none except adhesions from neoplastic nodules scattered in the pleura. These extended into the lung tissue. This condition was present on the right side.

The trachea and bronchi contained some pale mucous material, but were otherwise negative. The bronchial glands were frankly negative.

We have already mentioned the neoplasm in the lungs. The lung tissue itself was rather pale, spongy, no areas of consolidation, and showed scattered through it rather firm nodules of varying size up to 3.5 centimeters in diameter of malignant tissue which was gray-white, homogenous, firm to slightly gristly.

The pericardium was negative. The heart weighed 422 grams,—moderately enlarged,—with negative myocardium, valves and coronary arteries. The coronaries showed considerable fibrous sclerosis scattered along them in places, but this produced no definite decrease in their circumferences. The aorta showed fibrous sclerosis, with scattered areas of fibrocalcereous change. There was a slight amount of fibrous sclerosis in the great branches. All told, a slight to moderate amount of arteriosclerosis, with some hypertrophy and dilatation of the heart.

On the death report that came down here the surgeons made the diagnosis of pulmonary embolism. The pulmonary artery at its bifurcation was occluded by a large frank branching embolic mass which was prolonged down each primary bronchus and into some of the great branches in the lung tissue. The pulmonary veins and venae cavae were frankly negative and the renal veins were free, as were the other great radicles of the inferior cava.

The liver weighed 1915 grams. The surface was smooth, the tissue of good consistence, rather pale. In the region of the anterior surface of the upper part of the left lobe near its junction with the right there was a small mass of neoplasm similar to the malignant tissue which we have described. It was about 12 millimeters in diameter.

The gall-bladder contained twenty-four stones. They were about six millimeters in diameter. But the bladder mucosa was negative and the bile-ducts free and negative. The pancreas and the duct of Wirsung were negative. The spleen weighed 315 grams; moderately enlarged. The tissue was brown-red, rather mushy, but showed no definite lesion. The adrenals were frankly negative.

The right kidney weighed 174 grams. The capsule came off easily, leaving a good surface. The cortex was six millimeters. The kidney tissue generally was in good condition. The pelvis and ureter were negative. The left kid-

\*Sodium iodide 12½ per cent. is used in the Urological Department of the Massachusetts General Hospital

ney, including the tumor involving it, weighed 325 grams. The kidney tissue was practically replaced by a mass of malignant tissue. This tissue extended from the surface inward for several centimeters and resembled the typical tissue of the so-called hypernephroma, but its lower border was sharply marked off from neoplastic tissue which was pale, elastic, and like that in the lungs. This extended to the region of the pelvic wall. The pelvis showed no definite dilatation. The ureter was frankly negative. In two places on the pelvic mucosa there were very small plaques of malignant tissue. The bladder, uterus and adnexa were negative.

Sections from the tumor tissue in various places showed adenocarcinoma of the kidney, hypernephroma, and showed that there were no metastases in the lymph glands. No particular source was found for the pulmonary embolus unless it came from the left renal veins.

DR. YOUNG: That was the left kidney. I think it is another instance of the will to believe. There was a little tenderness in the kidney doing all the work, and it was thought because of that and a little spasm that everything was on that side.

DR. CRABTREE: The other thing was of course that they did not have a chance to investigate. If they had had functions they certainly would not have injected the wrong kidney.

DR. YOUNG: It is an instance of how one can go wrong on insufficient evidence.

DR. RICHARDSON: The clinical diagnosis on the death report was "Question of neoplasm in the left kidney."

DR. YOUNG: They injected the right. This was taken from the record. Is there any record about cyanosis when she was dying?

MISS PAINTER: Cyanosis is not mentioned.

A PHYSICIAN: Did she die from the hemorrhage in the lung?

DR. YOUNG: From the embolus in the lung, yes.

#### THE RESULTS OBTAINED BY DR. VAL- DEMAR BIE IN TREATING TYPHOID AND PARATYPHOID FEVERS

In an article in the *Acta Medica Scandinavica* Dr. Valdemar Bie claims to have secured better results in the treatment of typhoid and paratyphoid fevers than heretofore reported.

Instead of typhoid vaccines his later studies have been concentrated on the results obtained by the application of staphylococci vaccines.

These vaccines have been applied by intramuscular injections and he has found that the local and systemic reactions are comparatively insignificant. The tabulated results of his methods of treatment seem to warrant his conclusions. His claims will warrant independent investigation.

#### RESULT OF PERIODIC HEALTH EXAMINATIONS

As a tree is known by its fruits, so the value of periodic health examinations may be judged by the results obtained from such examinations. It is now possible to set forth some of these results in definite percentages.

The theory behind the slogan, "Have an examination on your birthday," is that by such periodic examinations minor defects will be discovered before they do much harm and their correction will prevent serious trouble and thus prolong life. Figures at hand indicate that under favorable conditions more than half the defects may be corrected within a year after discovery.

A recent study involves 596 industrial workers who were given three successive annual examinations. At the first examination a total of 594 defects or impairments were discovered of which 330 or 55 per cent were corrected during the first year. At the second examination 291 new impairments were discovered of which 173 or 59 per cent were corrected before the end of the year. In addition 37 of the impairments discovered at the first examination were cured during the second year, making a total of 540 impairments cured at the time of the third examination, or 61 per cent of the 885 found during the first two examinations.

The finding of 594 defects or impairments in examining 596 people does not mean that all but two were defective. One person may have two or more impairments. For example, a person may have impaired vision and count as one of the 217 defects of eye found, and at the same time be hard of hearing and thus count as one of the 64 defects of the ear found. If he also had enlarged tonsils or some other trouble of the nose and throat he would count again as one of the 144 defects of the nose and throat found upon the first examination. These defects along with 90 requiring general medical attention and 79 requiring surgical attention made up the total of the 594 defects found at the first examination.

The point to be emphasized at this time is not the number of defects found but the number corrected. The fact that 540 of the 885 defects found on the first two examinations were corrected by the time the third examination was made shows that people may be expected to seek treatment when once they understand that impairment exists. Of the 39 per cent of impairments that were not corrected undoubtedly a considerable number were chronic conditions that would not respond to treatment. *Bulletin of the Connecticut State Department of Health.*

## THE BOSTON Medical and Surgical Journal

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## The Massachusetts Medical Society

### ANNUAL MEETING OF THE SOCIETY

ELSEWHERE in this issue will be found a detailed and illustrated program of events connected with the one hundred and forty-ninth anniversary of the Massachusetts Medical Society, to be held at the Hotel Statler in Boston on June 6, 7 and 8. No pains have been spared by an earnest and industrious committee of arrangements to make this annual meeting the best in the history of the Society, as a glance at the program will demonstrate.

Hospital clinics have been arranged for the first morning of the meeting, and, an innovation, diagnostic clinics will be conducted at the hotel in the afternoon by such authorities in their respective fields as Dr. Richard C. Cabot, Dr. Frank H. Lahey and Dr. John Lovett Morse. On the second day and during the morning of the third day the various section meetings will be held, the Shattuck Lecture taking place in the evening of the second day, and the Annual Discourse before the Annual Dinner in the afternoon of the last day.

The quality of our meetings has been steadily progressive; their clinical and scientific ex-

cellence places them on a high plane, and as opportunities to mingle with one's fellows, to renew acquaintanceships, and to promote good feeling and accord among those who are working for the advancement of medical practice, they must be of incalculable value. The Massachusetts Medical Society is not an exclusive club. It is a fellowship, in which all able and ethical physicians are entitled to become members. It is a Society with an honorable past, a dignified and useful present, and a future of unbounded promise. Membership in it is a seal of good standing, and attendance upon its meetings should be not an obligation of duty, but a sign of zeal and enthusiasm in our life work.

## THE INTRA-NASAL ADMINISTRATION OF OILS

ONE of the therapeutic measures in common use is the instillation of a few drops of oil into the nostrils of infants suffering from various conditions which give rise to congestion of the mucosa or to nasal discharge. Evidence has been accumulating to prove that this is not an entirely safe procedure. Recently Pinkerton<sup>1</sup> has published the results of a careful study of the behavior of oils aspirated into the lungs of infants, based on six autopsied cases in which the aspiration of oil was the underlying cause of death. The oily material encountered in several cases was identified as that administered as nose drops. In one the oil, through the history and typical color reactions in sections, was determined to be cod liver oil.

The condition apparently is not so rare as has been assumed, and there is considerable evidence that oils and fatty substances given to infants by mouth or introduced into the nose, either for purposes of medication or for food, find their way into the lungs. The removal of oily material from the alveoli and the absorption of the oil is a comparatively slow process, and the end result is similar to the reaction to any other inert foreign body.

An acute infectious pneumonic process is usually super-imposed and according to Pinkerton is probably the immediate cause of death. As regards the clinical diagnosis, it may be possible to diagnose the condition by finding oil-laden phagocytes in the sputum. However, the difficulty of obtaining the sputum from infants is sometimes extreme. Clinical and X-ray evidence yield no definite characteristics of diagnostic value.

The means of avoiding such dangers as this condition presents are obvious, such as keeping to a minimum the amount of oil used for nose drops, incorporating oily substances used for medication directly into the food, and the use of the greatest possible care in tube feeding.

### REFERENCE

<sup>1</sup> Pinkerton, H.: *Am. Jour. Dis. Child.*, 1927, XXXIII, pp. 259-285.



## THE ANNUAL MEETING OF THE AMERICAN MEDICAL ASSOCIATION

AFTER a lapse of thirty years the Association met in Washington for the week beginning May 16, 1927. The attendance was large and may have been record breaking for on Thursday about six thousand names were recorded. The attendance of the section meetings showed a growing interest in the various departments of medicine. Most of the halls had good acoustic properties.

Even Washington, noted as a convention city, was unable to accommodate all who wished to attend the annual session at which the retiring and incoming presidents delivered orations. The President of the United States also addressed the gathering. It is reported that four thousand people were unable to gain admission to this auditorium, being due to some extent to the number of people, not members of the Association, who went early and avoided the crowd.

The retiring president spoke at length on the restrictive laws which affect the practice of medicine and the reflection on the honor of the doctor in the limitations imposed with respect to the use of whiskey which was characterized as "legislative imperialism." Health education and general publicity were given especial attention. He alleged that there exists a considerable amount of unsound surgical work which calls for regulation and which must be remedied by better education and training of a proportion of those who expect to practise.

The incoming President, Dr. Jabez N. Jackson, urged more definite attention to medical ethics in the curricula of medical schools and the application of the art of medicine in conjunction with scientific treatment of disease. President Coolidge paid high tribute to the medical profession and stated that civilization would be wrecked except for the influence and service of physicians.

The House of Delegates kept its affairs from the public to some extent but it was generally understood that questions with respect to the laws relating to the prescribing of alcoholic preparations were warmly debated. It is probable that bills will be submitted to Congress with the backing of the House of Delegates asking for changes in the present law. The election of President to succeed Dr. Jackson one year hence required repeated balloting, the choice finally being Dr. William Sidney Thayer, Emeritus Professor of Medicine at Johns Hopkins. Dr.

Charles A. Elliott of Chicago was elected Vice President and Dr. Frank H. Lahey of Boston a member of the judicial council. No other changes were made.

The Section Meetings were well attended and the accommodations were ample. The papers and discussions represented the most advanced thought on the various departments of research and practice.

The announcement of the discovery of the trachoma germ by Dr. Hideyo Noguchi adds another to the brilliant discoveries of recent years.

The scientific exhibits were well arranged and presented the practical as well as scientific facts relating to many problems of curative and preventive medicine. The careful study of the exhibits by a very large proportion of the doctors indicates a growing interest in the scientific basis of practice.

Washington was at its most attractive season and proved its reputation of being an ideal convention city with the one exception of not having a hall large enough for an association of this size to hold its annual meeting. It may be impossible to ever find an indoor meeting place of sufficient size unless the attendance is restricted. It may be in order to suggest that tickets of admission could be issued to State Societies to be distributed to those who may attend in proportion to the relative size of state membership to the ninety thousand. Certainly provision should be made for officers of state societies.

The courtesies extended by the associations and individual doctors of Washington were unbounded and the American Medical Association begins another year of progress which will, we believe, make medicine of greater service to humanity.

## THIS WEEK'S ISSUE

CONTAINS articles by the following authors:

ROOT, HOWARD F., A.B.; M.D. Harvard Medical School 1919. Assistant Physician New England Deaconess Hospital and Associate in Medicine Peter Bent Brigham Hospital. Address: 32 Winchester Street, Brookline, Mass. Associated with him is

WARREN, SHIELDS, A.B.; M.D. Harvard Medical School 1923. Pathologist Palmer Memorial Hospital, Instructor in Pathology, Harvard Medical School, Assistant in Pathology Boston City Hospital. Address: Palmer Memorial Hospital, 195 Pilgrim Road, Boston, Mass. They write on "The Increase of Surgical Conditions as a Cause in Diabetes." Page 864.

BALLARD, JAMES F., Assistant Librarian Boston Medical Library. His subject is: "Medical Incunabula in the William Norton Bullard Collection." Page 865. Address, Boston Medical Library, 8 The Fenway, Boston, Mass.



## AN ESPECIAL ANNOUNCEMENT

EXHIBITION OF WORKS OF ART BY  
NEW ENGLAND PHYSICIANS AND  
SURGEONS

ARRANGEMENTS are being made for an exhibition, at the Boston Medical Library, of works of art by physicians and surgeons of New England; and it is expected that this exhibition will open November 1, or soon thereafter, and will probably be continued for two or three weeks.

An exhibition of this kind was recently held in New York City by physicians and surgeons (at which, by the way, some of our Boston physicians were also represented by exhibits); and its great success gives rise to a reasonable assurance that a similar exhibition here will, if there is adequate response and whole-hearted coöperation, meet with a similar result.

A number of Boston physicians have already indicated their wish actively to participate in this exhibition, and the object of the present announcement is to request all others desiring to take part to express, as soon as convenient, their willingness to do so. Any member of the profession living in New England who is willing to loan for the above purpose one or more works of art made by himself is hereby most cordially invited to do so.

For further particulars kindly communicate with The Boston Medical Library, 8 The Fenway, Boston, Massachusetts. (Tel. Kenmore 1617.)

For the Committee,

GEORGE H. MONKS, M.D.

Boston, May 23, 1927

## MISCELLANY

MEDICAL PRACTICE LAW IN LOUISIANA  
VALID

THE Medical Practice Statutes of the State of Louisiana enjoining the practice, without a medical license, of chiropractics were upheld by the Supreme Court of the United States in a decision rendered on May 2, without a written opinion.

The statutes provide that any person before entering upon the practice of medicine in any of its branches shall present to one of the Board of Medical Examiners a diploma from a college in good standing, of any sect teaching medicine or the healing art, and shall stand a satisfactory examination before the Board upon the following branches to-wit: Anatomy, Physiology, Chemistry, Physical Diagnosis, Pathology and Bacteriology, Hygiene, Surgery, Theory and Practice of Medicine, Materia Medica, Obstetrics and Gynecology.

The decision was in the case of Joseph B. Fife and Walter W. Fife, plaintiffs in error v. Lou-

isiana State Board of Medical Examiners. No. 880; Same v. State of Louisiana, Nos. 881 and 882.

It was contended on behalf of the plaintiffs in error that the statute discriminated against those practicing chiropractics, and was such a use of the police power of the State as to violate the Fourteenth Amendment to the Federal Constitution, in that due process of law was not allowed the plaintiffs in error and those practicing the same profession.

When the case was argued before the Supreme Court the State took the position that it had the power to protect the public health by regulation of the science of healing. It was stated that the requirements imposed on physicians, surgeons, and chiropractors alike is not an undue exercise of the police power, and not violative of the Fourteenth Amendment, fixing no classification discriminating against those practicing chiropractics, since those practicing in this profession profess to cure all diseases.

The legislature, rather than those professing chiropractics, it was urged, should set the standard requirements of knowledge necessary to practice the healing arts.—*U. S. Daily*.

## YALE MEDICAL SCHOOL

ANNOUNCEMENT has been made of a gift of \$850,000 to the Yale School of Medicine by the General Education Board of New York for medical teaching and study, contingent on the securing of new endowment of \$1,150,000 from other sources. As is well known, Yale University is now conducting a campaign among alumni and their friends for a \$20,000,000 endowment fund, and the pledge of the General Education Board is one of the largest that has been made for this purpose.

It is believed that additional endowment of \$2,000,000 will easily be secured through the impetus given by the contingent gift of the Board, and the school will be able to carry out its present plans of improving teaching conditions.

The Yale school of medicine was founded 114 years ago, and has always been in close coöperation with the other educational units of Yale University and with the New Haven Hospital and the New Haven Dispensary. Through these institutions a large community is served, 8000 persons having been treated at the hospital last year, representing nearly 100 different cities and towns.

SUMMER COURSES FOR TRAINING  
SIGHT SAVING CLASSES

A NUMBER of universities this year will offer during the summer session courses for the training of teachers for sight-saving classes—"the most encouraging thing that has happened in the sight conservation field for many years"—

it is announced by Lewis H. Carris, Managing Director of the National Committee for the Prevention of Blindness. Courses will be given at the University of Cincinnati, at the George Peabody College for Teachers in Nashville, Tennessee, and at the University of Southern California at Los Angeles.

"There are now 265 sight-saving classes in the United States, Mr. Carris said. "There should be approximately 5,000 to provide a normal education for children with seriously defective vision without imposing an undue strain on the little remaining sight of such children."—*Bulletin of the National Committee for the Prevention of Blindness.*

## DIPHTHERIA AND SCARLET FEVER

THE United States Public Health Service reports slight increases, as compared with last year, in the prevalence of scarlet fever and diphtheria for the week ended April 23, 1927. Forty-two States reported 4,663 cases of scarlet fever for the week mentioned, whereas for the corresponding period of 1926, 4,118 cases were reported for the same States. Diphtheria cases for the same week totalled 1,766 cases this year as against 1,151 cases reported last year. A more detailed analysis follows, as published in the *United States Daily*.

### CASES REPORTED

|                  | 1927   | 1926   |
|------------------|--------|--------|
| Diphtheria:      |        |        |
| 42 States .....  | 1,766  | 1,151  |
| 101 cities ..... | 1,066  | 689    |
| Measles:         |        |        |
| 41 States .....  | 14,490 | 21,920 |
| 101 cities ..... | 4,661  | 10,459 |
| Poliomyelitis:   |        |        |
| 42 States .....  | 7      | 11     |
| Scarlet Fever:   |        |        |
| 42 States .....  | 4,663  | 4,118  |
| 101 cities ..... | 2,154  | 1,655  |
| Smallpox:        |        |        |
| 42 States .....  | 767    | 878    |
| 101 cities ..... | 197    | 181    |
| Typhoid Fever:   |        |        |
| 42 States .....  | 233    | 186    |
| 101 cities ..... | 43     | 45     |

### DEATHS REPORTED

|                          |       |       |
|--------------------------|-------|-------|
| Influenza and Pneumonia: |       |       |
| 95 cities .....          | 1,029 | 1,364 |
| Smallpox:                |       |       |
| 95 cities .....          | 0     | 4     |
| Omaha .....              | 0     | 1     |
| Los Angeles .....        | 0     | 2     |
| San Francisco .....      | 0     | 1     |

## RECENT DEATHS

**GALLAGHER**—DR. WILLIAM HOWARD GALLAGHER died in Boston of myocarditis, May 11, 1927, at the age of 53.

He was born in Boston February 4, 1874, was graduated from Harvard Medical School in 1896 and served as house officer at Boston City Hospital and as assistant resident physician at the Long Island

Hospital. Moving to Lowell, he was house surgeon to the Lowell Emergency Hospital. He practiced several years in Worcester and, more recently, in Boston. He was a Fellow of the Massachusetts Medical Society.

**FITZPATRICK**—DR. JOHN JOSEPH FITZPATRICK, a Fellow of the Massachusetts Medical Society since 1903, died suddenly of heart disease at his home in Charlestown, May 5, 1927, at the age of 54.

Born in Newport, R. I., November 27, 1872, he settled in Charlestown after graduating at Dartmouth Medical School in 1902. He was a Fellow of the American Medical Association, physician to St. Mary's Parochial School and a member of the Guild of St. Luke.

He is survived by his widow and one son.

**McKOAN**—DR. JOHN WILLIAM McKOAN, a graduate of Harvard Medical School in the class of 1894, died at his home in Worcester, May 4, 1927, at the age of 53. He leaves a widow, Gertrude L. Dennis, three sons and seven daughters. A son, Dr. John W. McKoan, Jr., is a graduate of Dartmouth College, 1922, and Harvard Medical School, 1926.

**SHANAHAN**—DR. TIMOTHY JOSEPH SHANAHAN died suddenly of heart disease at his home in West Somerville, May 10, 1927, at the age of 48.

Dr. Shanahan was born in Charlestown, December 22, 1878, the eldest son of William and Mary (Savage) Shanahan. He attended Boston College High School and was graduated from Dartmouth College in 1901. In 1905 he took an M.D. from Harvard Medical School and then was house officer at the Carney Hospital, South Boston. In 1908 he was graduated from the Massachusetts Eye and Ear Infirmary and became resident ear specialist. Later he went to Europe to pursue the study of his specialties at Vienna, Berlin, Paris and London, and returned to Boston to practice.

He was a member of the staff of the Massachusetts Eye and Ear Infirmary, of the Somerville Hospital, St. Mary's Infant Asylum, the Milford Hospital, and the Carney Hospital. At the Carney Hospital he had been chief surgeon for the ear, nose and throat for the past ten years.

Dr. Shanahan was a member of the Somerville Medical Society, the Massachusetts Medical Society, the New England Oto-Laryngological Society, the American Academy of Ophthalmology and Oto-Laryngology, the American Medical Society, a Fellow of the American College of Surgeons, a member of the Aesculapian Club, the Dartmouth Alumni, Mt. Benedict Council, Knights of Columbus, and the Catholic Alumni Association.

He is survived by his wife, Mrs. Angela T. (Rynne) Shanahan, whom he married on June 18, 1910; a daughter, Miss Cecile Shanahan, and by two brothers: the Rev. Thomas A. M. Shanahan, S. J., faculty treasurer of the Ateneo de Manila at Manila, P. I., and Attorney William J. Shanahan of Benton Road, Somerville.

**LEACH**—DR. HORACE MORTON LEACH, a retired member of the Massachusetts Medical Society, a graduate of the Hospital College of Medicine, Louisville, Ky., in 1876, died at his home in Rochdale, Mass., May 11, 1927, aged 83 years.

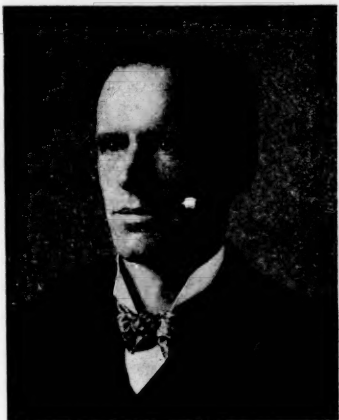
**LEE**—DR. GRACE DANIELS REED LEE, a graduate of Boston University Medical School in 1914, died December 29, 1926, at the age of 46. She was formerly settled in Medford, joined the Massachusetts Medical Society in 1924 and moved to Allston.

## OBITUARY

ERNEST HENRY STARLING, M.D., B.S.,  
F.R.S., F.R.C.P.

(1866—1927)

News has just reached this country of the sudden death on board ship of Professor Ernest Starling, the Foulerton Research Professor of the Royal Society. The details concerning his



ERNEST HENRY STARLING

last illness are not yet available; it is only known that he sailed from Jamaica late in April, and the correspondent of *The London Times* wired on May 2nd that Professor Starling had passed away that morning as the boat was entering Kingston Harbor. He was buried in Kingston the next day (May 3rd).

The loss to physiology which Starling's death brings is truly enormous. For many years he had stood on one of the highest pinnacles of physiological achievement and it is doubtful whether anyone will again occupy his unique position. As *The London Times* has so well said,

"The English School of Physiology is, by common consent, the most distinguished in the world. It had no more illustrious ornament than Starling. This gracious figure, indeed, seemed to embody the very spirit of that exquisite scientific work which, in a generation, raised the study of physiology in this and other lands from comparative neglect to a pinnacle of importance. Starling loved the truth with a love which never wearied and never wavered; he gave his whole life to the pursuit of truth, and his abiding reward lay in the fact that he was able, here and there, to glean fresh knowledge and to inspire fresh enthusiasm. The enthusiasm of the man was infectious and, like an artist, he compelled those who were associated with him to see and to love the beauty of truth as he saw it and loved it. For that reason he became a leader and a power, not only

in the branch of science to which he was specially dedicated, but in the whole world of science."

Ernest Henry Starling, the son of Mr. M. H. Starling, Clerk of the Crown of Bombay and author of "Indian Criminal Law and Procedure," was born in 1866 and received his preliminary education in London at King's College School. He obtained his medical training at Guy's Hospital, after which he passed a year at Heidelberg and eventually qualified as M.D. and B.S. at the University of London. On his return to London from the Continent he commenced to teach physiology at Guy's Hospital, but finding the facilities for research inadequate at that institution, he obtained a post in 1890 at University College, and soon became associated in his work with the late Sir William Bayliss, an association which turned out to be one of the most fruitful collaborations in the history of physiology. The friendship of these two investigators was strengthened in 1893 by the marriage of Starling's sister to Professor Bayliss. To the joint investigations of these two men we are indebted for many highly important contributions such as those relating to the electrical phenomena of the heart (1892), the nature of the innervation of the heart (1892), the characteristics of the intraventricular pressure curves (1894), a pioneer investigation on the movements and innervation of the small intestine (1899), and finally their researches led to the discovery of secretin (1902) and with it to their associated discovery of the transmission of chemical messages through the blood stream. The principle of "hormone" activity which was thus enunciated was studied subsequently by Bayliss and Starling alone, and both workers made further important contributions to the subject.

Starling received his appointment the Jodrell Chair of Physiology at University College in 1899 as successor to Schafer. At this time Starling had been active in his own independent investigations, having in 1896 published an important paper on the absorption of fluid from the connective tissue spaces, and in 1899 appeared his now classical paper on the glomerular functions of the kidney. In this year also he contributed to Schafer's *Textbook of Physiology* the chapters on the production and absorption of lymph, the mechanism and secretion of urine, the mechanism of respiratory movement and of digestive movements, and those on several other subjects. In addition to this he had published his *Elements of Human Physiology*, which passed through a large number of editions, and this proved the foundation of a later and even more successful textbook, the *Principles of Human Physiology*, which first appeared in 1912 and in 1926 had passed through its fourth edition. This latter work has held the field almost without rival for fifteen years, and the excellence of the last edition indicates that

it will maintain its position for some years to come. Starling's interest in the fluids of the body culminated in a monograph bearing that title in 1909.

It would be impossible to enumerate all of Starling's varied activities and we must close by mentioning his profound interest in the circulation of the blood. Starling always confessed that he owed much to his great predecessor, William Harvey, and it was undoubtedly the inspiration of Harvey's work that aroused Starling's interest in the circulation. It has been said, moreover, that of all English men of science in recent years Starling had penetrated farthest in the analysis of Harvey's mind and method of work. In his passionate fondness for the study of the historic contributions to physiological literature he shared much with Bayliss, and it is refreshing to realize that these two men who contributed so fundamentally to modern physiology gained much of their stimulus and inspiration from their intimate acquaintance with the classics of their art.

J. F. F.

## CORRESPONDENCE

### HARMFUL HAIR DYES

May 10, 1927.

Editor, *Boston Medical and Surgical Journal*:

I notice on page 752 of the May 5 issue of your JOURNAL a request for information in regard to hair dye. The daily papers had a detailed account of a hearing at the State House on this date (February 16, 1927), appearing, I think, in the *Transcript* of that same day and the morning papers of the following. Copies of these may still be procurable.

I would like also to refer you to a pamphlet, "Cosmetic Nostrums and Allied Preparations," which may be purchased from the Propaganda Department of the American Medical Association for fifteen cents. A large number of hair tonics and hair dyes contain paraphenylenediamine, which is a known irritant and causes much of the damage to the skin from dyed fur and black fabrics. Several others contain silver nitrate, mercury, or lead, all of which may cause damage in some people.

Yours very truly,  
AUSTIN W. CHEEVER, M.D.

### AN ADDITION TO THE LIST OF EDITIONS OF LAENNEC'S WORKS

May 12, 1927.

Editor, *Boston Medical and Surgical Journal*:

In your issue of July 29, 1926, I published a paper on "Some Editions of Laennec's Work on Mediate Auscultation." Appended to the contribution was a list of all the known editions of Laennec's work. Since the publication of that list, another addition has been called to my attention by Dr. Lawrason Brown of Saranac Lake, New York. He has a copy of an edition published in Brussels in 1837. The volume has been collated by Dr. Henry Barton Jacobs, who finds that it is "an exact reprint of Andral's fourth French edition with all the notes of that edi-

tion, including those of Meriadec Laennec and of Andral." The edition is reduced to one volume instead of three and is printed in an entirely different type. The book has been carefully edited and a table of contents added. The plates are even finer, in Dr. Jacobs' opinion, than those appearing in the Andral edition.

Very truly yours,  
HENRY R. VIETS, M.D.

### A PROPOSED FUND FOR THE PURPOSE OF HELPING SCIENTISTS

Milton, May 4, 1927.

Editor, *Bulletin of the Harvard Medical School Alumni Association*:

Our attention has been called to the fact that a number of alumni of the Harvard Medical School have received circulars from a former student, concerning a proposed fund for the purpose of helping scientists. In this circular the undersigned are mentioned as prospective trustees of the fund in a way which has given to some the impression that we were definitely involved in the project and it had our endorsement.

We wish to inform those who have received the circular that we have no connection with this project whatever. We only received the request to serve as trustees at the same time that the circulars were received, and we both promptly declined to serve. We believe the project resulted from a sincere desire to help the cause of science, and that when the circular was written it was confidently expected that we would accept the trusteeship; but we feel that we ought to make it clear that we have no knowledge of the property from which it is intended to derive the fund, and that we are in no way endorsing the project.

Yours truly,  
ALEXANDER FORBES,  
HENRY S. FORBES.

### CONNECTICUT DEPARTMENT OF HEALTH

#### MORBIDITY REPORT FOR THE WEEK ENDING MAY 7, 1927

|                             |     |                            |    |
|-----------------------------|-----|----------------------------|----|
| Diphtheria                  | 22  | Conjunctivitis, infectious | 1  |
| Last week                   | 26  | Ophthalmia neonatorum      | 1  |
| Diphtheria bacilli carriers | 4   | German measles             | 34 |
| Scarlet fever               | 103 | Influenza                  | 4  |
| Last week                   | 99  | Malaria                    | 1  |
| Typhoid fever               | 1   | Mumps                      | 45 |
| Last week                   | 1   | Pneumonia, lobar           | 75 |
| Measles                     | 51  | Septic sore throat         | 3  |
| Last week                   | 50  | Tuberculosis, pulmonary    | 35 |
| Whooping cough              | 60  | Gonorrhea                  | 20 |
| Last week                   | 31  | Syphilis                   | 16 |
| Bronchopneumonia            | 26  |                            |    |
| Cerebrospinal meningitis    | 1   |                            |    |
| Chickenpox                  | 112 |                            |    |

#### MORBIDITY REPORT FOR THE WEEK ENDING MAY 14, 1927

|                             |     |                           |    |
|-----------------------------|-----|---------------------------|----|
| Diphtheria                  | 20  | German measles            | 10 |
| Last week                   | 22  | Influenza                 | 3  |
| Diphtheria bacilli carriers | 3   | Mumps                     | 26 |
| Scarlet fever               | 105 | Pneumonia, lobar          | 34 |
| Last week                   | 103 | Septic sore throat        | 3  |
| Measles                     | 58  | Tuberculosis, pulmonary   | 38 |
| Last week                   | 51  | Tuberculosis, other forms | 6  |
| Whooping cough              | 67  | Gonorrhea                 | 15 |
| Last week                   | 60  | Syphilis                  | 12 |
| Bronchopneumonia            | 34  |                           |    |
| Chickenpox                  | 96  |                           |    |

## DISEASE INCIDENCE IN CONNECTICUT

| DISEASE              | WEEK ENDING MAY 7    |  |                      |                   |                      |                      |                   | 1926              |
|----------------------|----------------------|--|----------------------|-------------------|----------------------|----------------------|-------------------|-------------------|
|                      | 1927                 | Average cases reported for week ending May 7 for past seven years. |                      |                   |                      |                      |                   |                   |
|                      | Week ending April 16 | Week ending April 23   | Week ending April 30 | Week ending May 7 | Week ending April 17 | Week ending April 24 | Week ending May 1 | Week ending May 8 |
| Actinomycosis        | -                    | -  | -                    | -                 | -                    | -                    | -                 | -                 |
| Anthrax              | -                    | 1  | -                    | -                 | -                    | -                    | -                 | -                 |
| Botulism             | -                    | -  | -                    | -                 | -                    | -                    | -                 | -                 |
| Cerebrospinal Mem.   | 1                    | -  | 1                    | 1                 | 3                    | 1                    | 1                 | 1                 |
| Chickenpox           | 44                   | 44   | 78                   | 112               | 46                   | 44                   | 36                | 44                |
| Conjunctivitis in 7. | -                    | 1  | -                    | 1                 | 10                   | -                    | -                 | 1                 |
| Diphtheria           | 21                   | 31   | 26                   | 22                | 40                   | 12                   | 13                | 19                |
| Dysentery, A.ueb.    | -                    | -  | -                    | -                 | -                    | -                    | -                 | -                 |
| Dysentery, Bac.      | -                    | -  | -                    | -                 | -                    | -                    | 2                 | -                 |
| Encephalitis Epid.   | 1                    | 1  | -                    | -                 | -                    | -                    | 1                 | 1                 |
| Erys.                | -                    | -  | -                    | -                 | -                    | -                    | -                 | -                 |
| German Measles       | 10                   | 11   | 17                   | 34                | 30                   | 17                   | 21                | 10                |
| Hookworm Infection   | -                    | -  | -                    | -                 | -                    | -                    | -                 | 121               |
| Influenza            | 6                    | 1  | 3                    | 4                 | 7                    | 48                   | 269               | 20                |
| Leprosy              | -                    | -  | -                    | -                 | -                    | -                    | -                 | -                 |
| Malaria              | -                    | -  | 1                    | 1                 | -                    | -                    | -                 | 1                 |
| Measles              | 77                   | 56   | 50                   | 51                | 267                  | 460                  | 571               | 726               |
| Mumps                | 28                   | 38   | 53                   | 45                | 40                   | 7                    | 11                | 6                 |
| Paratyphoid Fever    | 1                    | -  | 1                    | -                 | -                    | 2                    | 2                 | -                 |
| Pneumonia, Bronch.   | 33                   | 38   | 26                   | 26                | 30*                  | 84                   | 50                | 63                |
| Pneumonia, Lobar     | 51                   | 55   | 44                   | 75                | 29                   | 114                  | 60                | 69                |
| Polio-myelitis       | -                    | -  | 1                    | -                 | -                    | -                    | 1                 | -                 |
| Scarlet Fever        | 85                   | 106  | 99                   | 103               | 87                   | 105                  | 81                | 89                |
| Septic Sore Throat   | 4                    | 2  | 6                    | 3                 | -                    | -                    | 1                 | 1                 |
| Smallpox             | -                    | -  | -                    | -                 | 2                    | -                    | -                 | -                 |
| Tetanus              | -                    | -  | 1                    | -                 | -                    | 1                    | -                 | -                 |
| Trachoma             | -                    | -  | -                    | -                 | -                    | -                    | -                 | -                 |
| Trichinosis          | -                    | -  | -                    | -                 | -                    | -                    | -                 | -                 |
| Tuberculosis, Pul.   | 26                   | 22   | 39                   | 35                | 30                   | 28                   | 33                | 41                |
| Tuberculosis, (o.f.) | 5                    | 2  | 7                    | 6                 | 4                    | 2                    | 8                 | 7                 |

\*Average for two years. Made reportable January 1, 1925.

Remarks: No cases of cholera, Asiatic, glanders, plague, rabies in humans and yellow fever during the past seven years.

## NEWS ITEMS

## HARVARD MEDICAL SCHOOL NEWS ITEMS.—

Dr. William Lloyd Aycock, Associate in Preventive Medicine and Hygiene, has just gone to England to study an outbreak of infantile paralysis in the schools in Kent, England.

Dr. A. Watson Sellards, Assistant Professor of Tropical Medicine, has gone to Porto Rico to deliver some lectures at the School of Tropical Medicine at the University of Porto Rico under the auspices of Columbia University at San Juan.

**Admissions**—Beginning this year all applicants residing within 50 miles of Boston are required to have a personal interview with the assistant dean or a member of the committee on admissions.

**Increase of Tuition**—It has been voted by the corporation that beginning with the class entering the first year in 1927, and for all subsequent classes, the tuition will be \$400 per year. Coincident with the increase in tuition there will be provided a loan fund from which students who enter the first-year class in 1927 or thereafter and who are in need of money

may borrow. This money will be loaned on business principles. Loans will be made to students in the second, third and fourth-year classes, and, in occasional instances only, to men in the second half of the first year. Loans will be made only to students whose records have been sufficiently creditable to make it altogether probable that they will remain in the school.

**Internships**—For the benefit of the fourth-year students the school has developed to a far greater point than has been done hitherto an internship information service. Something over a year ago three sets of circular letters were sent out—the first one to a large number of the teaching staff. It contained a list of the hospitals at which our graduates had taken internships for the past three years, and asked members of the teaching staff to give their opinion on all internship services concerning which they had direct knowledge. At the same time they were asked if they would be willing to interview students considering such hospitals. The second letter went to all graduates of the last three years, asking them to describe their internships in as illuminating a way as possible for the benefit of the fourth-year stu-



dents. The third letter went to superintendents of hospitals, asking them for all available data about their internships, dates, terms of appointment, qualifications, etc. There was a prompt and full response to all these letters; the information was compiled on cards supplemented by a letter file; and the students were informed that it was at their disposal. Recent information from hospitals was posted on a special bulletin board. The students have shown a great interest in these records, and of the 134 men in the present senior class over 100 have been to the office to consult this information service, and many of them have come over and over again and have spoken very warmly of the help that has been given them in this way.

## NOTICES

DR. SOLOMON R. KAGAN has moved his office for physiotherapy from 514 Chestnut Street, Springfield, to 280 Humboldt Avenue, Roxbury, Mass.

DR. HAROLD K. BRIGHAM has moved his office to 36 Pleasant Street, Worcester.

DR. CLARENCE H. SANFORD has moved from Tewksbury, Mass., to 11 Elliott Street, Exeter, N. H.

## CORRECTION

May 16, 1927.

Editor, BOSTON MEDICAL AND SURGICAL JOURNAL:

Perhaps this may be too small a point to mention, but it is a little disturbing, to use the Irish expression, to be "called outside of one's name." On page 794 of your issue of May 12th, my middle name should have been printed *Winslow*, not "Wilson."

Yours sincerely,  
FRANCIS W. PALFREY.

## REPORTS AND NOTICES OF MEETINGS

### UNION HOSPITAL IN FALL RIVER

THE Regular Monthly Clinical Staff Meeting will be held at the Country Club in Fall River Thursday, May 26, 1927, at 5:30 P. M.

All physicians interested are cordially invited.  
M. N. TENNIS, M.D., *Secretary*.

May 19, 1927.

### THE ANNUAL MEETING OF THE WORCESTER DISTRICT MEDICAL SOCIETY

THE annual meeting of the Worcester District Society was held at the Worcester Country Club on Wednesday, May 11th.

During the afternoon, several of the members went over the eighteen hole course of this Club. Dr. Chas. Church of Millbury was low man while Dr. John Rice of Worcester was low net. Dr. John Curran of Worcester was awarded the consolation prize. This course is con-

sidered one of the best courses in New England and will be the scene of the National Golf Tournament next month.

At six o'clock President Trowbridge presided at the annual business meeting at which the following officers were elected for 1927-1928:

President, Dr. Frank H. Washburn, Holden.

Vice-President, Dr. Albert M. Shattuck, Worcester.

Treasurer, Dr. George O. Ward, Worcester.

Secretary, Dr. Charles A. Sparrow, Worcester.

Orator, Dr. Lester C. Miller, Worcester.

Councillor on Nominations, Dr. David Harrower, Worcester; Dr. George O. Ward, Worcester, Alternate.

Committee on Funds, Dr. David Harrower, Worcester; Dr. Ray W. Greene, Worcester; Dr. Kendall Emerson, Worcester.

Commissioner on Trials, Dr. Walter P. Bowers, Clinton.

Councillors: \*Dr. Walter P. Bowers, Clinton, Term began 1902; \*Dr. Samuel B. Woodward, Worcester, Term began 1902; Dr. Leslie R. Bragg, Webster, Term began 1922; Dr. William J. Delahanty, Worcester, Term began 1913; Dr. George A. Dix, Worcester, Term began 1921; Dr. George E. Emery, Worcester, Term began 1920; Dr. Michael F. Fallon, Worcester, Term began 1916; Dr. Homer Gage, Worcester, Term began 1906; Dr. James J. Goodwin, Clinton, Term began 1921; Dr. Ray W. Greene, Worcester, Term began 1907; Dr. David Harrower, Worcester, Term began 1905; Dr. Ernest L. Hunt, Worcester, Term began 1918; Dr. Albert G. Hurd, Millbury, Term began 1916; Dr. Arthur W. Marsh, Worcester, Term began 1922; Dr. Lester C. Miller, Worcester, Term began 1921; Dr. E. H. Trowbridge, Term began 1924; Dr. Royal P. Watkins, Worcester, Term began 1927; Dr. George O. Ward, Worcester, Term began 1915; Dr. Frank H. Washburn, Holden, Term began 1916.

Censors: Dr. Lester C. Miller, Supervisor, Worcester; Dr. John J. Cummings, Worcester; Dr. Mary Charteris, Worcester; Dr. Roger W. Schofield, Worcester; Dr. Lawrence T. Newhall, Brookfield.

Nominating Committee: Dr. Edward B. Bigelow, Worcester; Dr. Joseph W. O'Meara, Worcester; Dr. Joseph W. O'Connor, Worcester; Dr. Philip H. Cook, Worcester; Dr. Charles M. Church, Millbury.

Library Committee: Dr. William F. Lynch, Worcester; Dr. Oliver H. Stansfield, Worcester; Dr. William F. Holzer, Worcester.

Librarian, Dr. Albert C. Getchell, Worcester.

Auditing Committee: Dr. John J. Dumphy, Worcester; Dr. Leslie P. Leland, Worcester; Dr. Bertha C. Olson, Worcester.

Following the election of officers, a chicken

\*Councillor for life by virtue of being past president of the State Society.

†Continuous except 1915-1916.

dinner was served in the banquet hall of the Club.

At 8 o'clock Dr. Albert M. Shattuck was introduced by President Trowbridge as the orator. Dr. Shattuck's oration had as a subject "Fifty Years." Dr. Shattuck reviewed briefly the progress of medicine during the past fifty years, citing the most important discoveries of this period. This oration was very interesting, well written and well delivered.

At the conclusion of Dr. Shattuck's paper, Dr. Frank H. Washburn of Holden was inducted into the office of President by the Retiring President, Dr. E. H. Trowbridge.

The meeting was adjourned at nine forty-five.

This meeting is the final meeting of the year 1926-1927. This past year has brought us many interesting and instructing speakers and Dr. Trowbridge, our Retiring President, is congratulated upon his program of this past year.

EARL E. FIPPEN, *Reporter*.

### THIRD CLINICAL CONGRESS OF THE CONNECTICUT STATE MEDICAL SOCIETY

The Third Clinical Congress of the Connecticut Medical Society will be held in New Haven, Conn., September 20, 21 and 22, 1927.

The members of the Massachusetts Medical Society are cordially invited to attend the Third Clinical Congress of the Connecticut State Medical Society, which will be held in New Haven on September 20, 21, 22, 1927. The first Congress was held in 1925, and since then, it has become one of the important medical meetings in the East. During the Congress there will be presented about twenty papers and demonstrations of topics of wide practical value and timely appeal. Subjects in medicine, surgery, diagnosis and the broader applications of the specialties will be included. The speakers are all invited from outside the State of Connecticut and an effort is made to have each topic presented by a recognized authority.

The sessions of the Congress will be held in Sprague Hall, one of the newer and most comfortable of the auditoriums of Yale University. A University dormitory provides living quarters for members of the Congress during their stay in New Haven, and it is contemplated that the University Dining Hall will be in operation. Garage space for the cars of members will be provided.

The fee for the Congress will be \$5.00, which will include admission to all sessions of the Congress, a copy of the abstracted papers presented during the Congress, and garage accommodations. Rooms in the dormitory are charged at the rate of \$2.00 per night, and the tariff in the dining hall will be reasonable.

A copy of the completed program will be sent to anyone desiring it, upon application.

All inquiries regarding programs, registration and room reservation should be addressed to Dr. Creighton Barker, 129 Whitney Avenue, New Haven, Connecticut.

### BEVERLY HOSPITAL

THE Beverly Hospital observance of National Hospital Day, May 12th, was an even greater success than in previous years. Through the efforts of the City Newspapers and the Society paper of Manchester-by-the-Sea, much publicity was given to the observance of this day. Special invitations to visit the Hospital were sent to the Churches, City officials and local organizations. These invitations were accepted and it was most gratifying to have these people, prominent in affairs, interested in the work of the Hospital.

In the morning there was an operative clinic by the Chief Surgeon, Dr. Peer P. Johnson, which was well attended. This was followed by a demonstration clinic by the members of the Staff. Buffet lunch was served at noon to more than sixty physicians and nurses.

The Hospital was open to visitors from 2:00 to 5:00 o'clock. The graduate nurses escorted the people through the Hospital and explained to them the work of the different departments. At 3:00 o'clock a talk on "Preventive Medicine" was given to the visitors by Dr. Albert E. Parkhurst, of the medical Staff. During the afternoon tea was served in the Nurses' Home by the members of the Alumnae.

All the former house officers were invited to return to the Hospital for the day with a special invitation to attend a dinner given for them by the members of the Staff at 6:00 o'clock.

In the evening the Graduating Exercises of the School of Nursing, Class of 1927, were held, followed by reception and dancing. Nine students received their diplomas and pins.

The program in detail follows:

10:00 A. M.—Operative Clinic by Dr. Peer P. Johnson. Thyroidectomy for toxic adenomatous goitre. Nephrolithotomy for stone in pelvis of kidney. Prostatectomy for hypertrophy of prostate.

12:00 M.—Dry Clinic by members of the Staff. Cholelithiasis, Cholecystitis. Ulcer, duodenal perforated. Intussusception of appendix. Ureteral kink due to abnormal blood vessel. Hypothyroidism. Cholecystitis, acute. Pregnancy. Nephritis, chronic. Pregnancy.

1:00 P. M.—Buffet lunch.

2:00 P. M. to 5:00 P. M.—Hospital open to visitors.

3:00 P. M.—Talk on "Preventive Medicine" by Dr. Albert E. Parkhurst, of the Medical Staff. Tea served in Nurses' Home to all visitors.

6:00 P. M.—Dinner given to graduate house officers by the members of the Staff.

8:30 P. M.—Graduating Exercises of the School of Nursing, Class of 1927, followed by dancing and refreshments.